2411 N. Charles St., Baltimore 170-0

CERTIFICATE OF DEATH

Reg. Dist. No...

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Naomi Abe	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION A.M.
female white manies	20. DATE OF DEATH. Jany. Ist. 19.45 at 4-30
Eugene E. abell	21. I CERTIFY that death occurred on the date above stated; that aftended deceased from
6.(b) Name of husband or wife. 8.(c) If alive, give age	and that I last saw h slive on 13
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
about 29 4 28hremin.	Garage and Cut Very Just
9. Birthplace Suydustry and itself (Town, count, and staye) 1D. Usual occupation worked in Clothing Mfg.	Due to. Due to.
11. Industry or business	
12. Name Carl Davidson 13. Birthplace Carroll Co: Md	Other conditions
14. Malden name Grace Sitzer 15. Birthplace Curroll Co: mod	(Include pregnancy within 8 months of death) Major fludings ol operations
z 15. Birthplace Currett Ca : md	Date of op.
18. Informant Wisherwill made	Autopsy results
17. Duval (Burlai, cremation, or removal. Which?) Date thereof. (Month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, swields, or homicide Common Market Common
Cemetery or crematory Settles Cemetery	Where did injury occur? (City or town) (State)
Location Carrollton, Carroll & Md.	Injured at home, farm, industry, public place (where?) highway
18. Funeral director track A. Newell	Means of Injury Willow Work? You
Address Onhesville . mg.	23. SIGNATURE MY LEIPY M-
19. (Date ree'd by registrar) 1945 DA-E- La Mackool	Address Personne M. Date signed Legy /



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

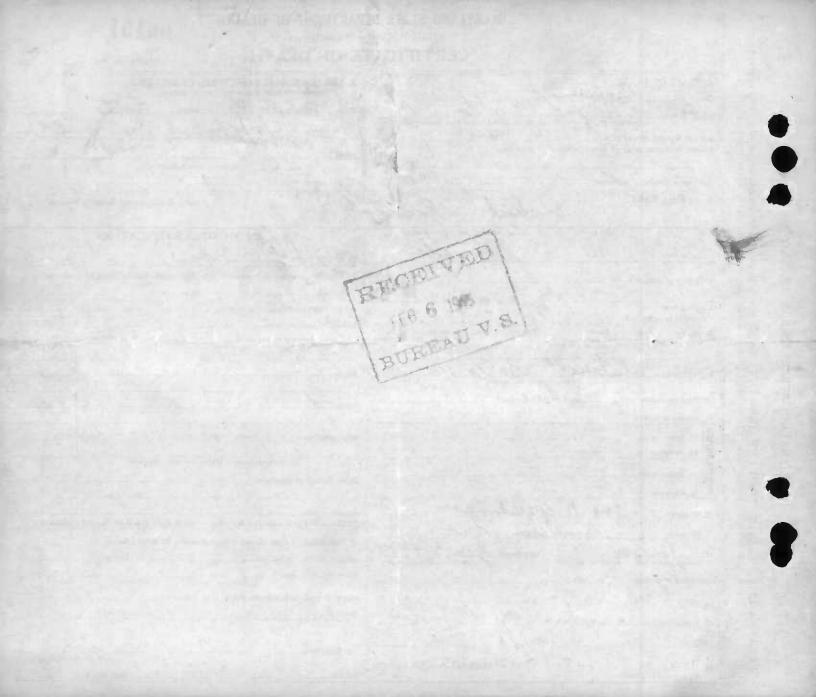
2411 N. Charles St., Baltimore 93

00151

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Robert alune	3. (b) Social Security Number
4. Sex 5. Ceier or race 6.(a) Single, married, widowed; er diverced Single	MEDICAL CERTIFICATION 45 20. DATE OF DEATH 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
6.(b) Name et husband or wite	21. I CERTIFY that death eccurred of the date above stated; that I attended deceased from
7. Birth date et deceased (me., day, yr.)	and that I last saw halive en
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace (Town, compty, and state) 10. Usual eccupation.	Due to.
11. industry er business 12. Name	Diher conditions flexible and the School and the Conditions of death)
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Jun - h Newberger Address Minister, and 1946	Antopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the fellowing; Accident, suicide, or homicide
Cemetery er crematory	Where did Injury occur?
18. Funeral director danden In Outroles Address Saules Med.	Means of Injury Injured at werk?
19. Jan 19. 45 mrs Howards. markling	23. SIGNATURE M. D. ex other Address Parkton 2nd Bate signed /// // // -



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-2)

D 01152

Reg. Diat. No. 44

CERTIFICATE OF DEATH

I. PLACE OF DE	ATH: imore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother)		
City or town(If	Fort H	Oward imits, write F	RURAL and give nearest town)	State Maryland Con	unty Baltimore	
Vets • Adm	street address where Facility	death occurred	i: Howard, Md.	City or town		
3. (a) FULL NAME				4.49/11 Totalin, name and	3. (b) Social Security	
	LIAM F. AL	ηı			3. (0) Social Security	Number
4. Ses	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Marr	iedSep.			7.55 D
1111	// Dowl			20. DATE OF DEATH		
		6.(Alt c) If alive, give age 45 years		44, w.January	14.,19.4.5
8. AGE: Years		Days	If less than one day	Immediate cause of death		
5	2 11	20	hrsmin.	Tuberculosis, chr. pu advanced active III		
			d state)	Due to		
11. Industry or busines	3			Due to	***************************************	***************************************
12. Name		•••••••		Other conditions Adhesions ab		***************************************
14. Maiden name.	Elizabeth Maryland	Silbe	r	(Include pregnancy within 3 m		
18. InformantCli	nical Reco		ets Adm Fecilit	Autopsy results		*************
(Burlal, cremation	, or ramoval. Which?		of (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Cemetery or cremator	the line	A Com	- CIM	Where did injury occur? (City or town) Injured at home, farm, industry, public place (wi		
18. Funeral director	A 5 C	Mul	ly The	Means of Injury	injured at work?	Ry
19. (Date rec'd by fe	113 186 ST	a	W. Kelles	23. SIGNATURE JAENNEY, M. Address For Howard, Man	D. CLINICAL D. ryland Date signed	for other TOR 1-15-45

THE REPORT OF THE PARTY OF THE per 1/17/45

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

00153

CERTIFICATE OF DEATH

I. PLACE OF DEATH: Sounty Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place Hospital, Institution, or	ot death?street address where ig Grove S	lle mits, write RURAL and give n 14 days death occurred: tate Hospital 14 days	State Maryland County Harford City or town Whiteford (If outside city or town limits, write RURAL and give nearest town) Street No			
3. (a) FULL NAME		Elsworth Barret		3. (b) Social Security Nu	mber	
4. Sex	5. Color or race	6.(a)Single, married, widowed,	divorced	MEDICAL CERTIFICATION		
Male	White	Single		20. DATE OF DEATH January 19 19.45 et	9:35	
6.(b) Name of husband 7. Birth date of deceased (mo., day, yr			years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased January 5 19.45 10. January 1. and that I last saw h im alive on January 19.	919.4	
8. AGE: Years 67	Months	Days If less than one 27hrs.	ay , min.	Immediate cause of death Right lower lobe pneumonia	5 day	
9. Birthplace	Taho	eford, Maryland connty, and state) rer	***************************************		Indef	
11. Industry or business	n	construction		Due to Arteriosclerotic cardio- vascular disease	99	
	No. I o	on Barrett		Dther conditions	••••••	
13. Birthplace		eford, Maryland			***************************************	
14. Malden name		Harman	***************************************	(Include pregnancy within 3 months of death) Major findings of operations.		
≥ 15. Birthplace		Park, Penna.		Date of op	************	
16. Informant		ital Records		Antopsy results	tistically.	
Address 17. Burial, cremation, Cemetery or cremator Location	or removal Which?	Date thereof (month)	19KS lay) (year)	22. VIOLENCE: It death was due to external causes, fill in the toilowing: Accident, sutcide, or homicide	State)	
18. Funeral director Address	Hubert Dels 19 19 45	Experience of the second		23. SIGNATURE ROBERT E. Gardner, M.D. M.D. or o	W.	



2411 N. Charles St., Baltimore 55-

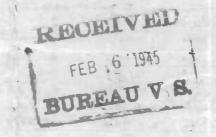
CEDTIFICATE OF DEATH

61154 40

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Bay 1 to City or town Cay 2 The County (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 7 6 2 5 Hospital, Institution, or street address where death occurred:	Street No. Summit Ave:
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Abraham Bell	3.(b) Social Security Number
4. Sex 5. Color or ruce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. Jan. 3157 19 45 21 315 P.M
6.(b) Name of husband or wife May 9 2 x e f Auch Be 1 5.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.3.7 to 19.4.5.
1. Birth date of deceased (mo., day, yr.) June 295 /878 8. AGE: Years Months Days If less than one day	Immediate cause of death Duration Cascinoma of the Thyport July 1943
66 7 Zhrsmin.	ā metertares generalised
9. Birthplace	Oue to
10. Usual occupation Salesman 11. Industry or business Gon tractors Supplies	Oue to.
E 12. Name Samuel Bell	Other conditions.
13. Birthplace Balto. Md.	(Include pregnancy within 8 months of death)
14. Maiden name Emily P. Bradley 15. Birthplace Balto. Md.	Major findings of operations
16. Informant M. r. A. Bell	Autopsy results
Address Summit Ave. Carney 17 Burial (Burial, cremation, or removal. Which) Oate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Cemetery or crematory Part Wood (month)	Where did injury occur?
Location Balto Md	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lassahn Lineal Thank	Means of injury Injured at work?
Address 7401 Belair Rdy	23. SIGNATURE FORESCE In. D.
19. 2/3/45 - 19 / MANAMATAN Registrar	M. D. or other

VS A15

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (93-d information carefully. The correct of death clearly and legibly. CERTIFICATE OF DEATH Reg. Diat. No. 1. PLACE OF DEATHS 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) city or town limits, write RURAL and give nearest town (If outside city or town limits, write BURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or rage 6.(a) Single, married, widowed, or divorce MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 21. I CERTIFY that death occurred on the date above stated; that I pilended deceased from 8.(b) Name of husband or wife. every if on 12 7. Birth date of deceased (mo., day, yr.) DURATION Supply Immediate cause of If less than one day Months Days 8. AGE: please ADING INK Physicians: (Town, county, and state) Meman 1D. Usual occupation Due to 11. Industry or business 12. Name...... WITH UNF important. (Include pregnancy within 3 months of death) 14. Malden na Major findings of operations. especially PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... (month) (day) (year) (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) WRITE Cemetery or crematory (County) (State) Injured af home, farm, Industry, public place (where?) Injured of work? Means of Injury ASE 23. SIGNATUR S M. D. or other Registrar | Address. Date signed

2411 N. Charles St., Baltimore

00156

M. D. or other

CERTIFICA	TE OF DEATH Reg. Diat. No.		
1. PLACE OF DEATH: Could be seen and seen and seen are seen address where death occurred: 3001 Agrawood Rull book on the seen address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME Edward Beruk	Rand 3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Mala Whita Married	MEDICAL CERTIFICATION 20. DATE OF DEATH VALUE 13 19 19 19 19 19 19 19 19 19 19 19 19 19		
8.(b) Name of husband or wife Delka Bernhard 5.(c) II alive, give age year 7. Birth date of deceased (me., day, yr.) July (7½ 1865 8. AGE: Years Months Days It less than one day 79 5 26	and that I last saw h		
9. Birthplace	Due to far advanced		
12. Name Lazarus Brruhard 13. Birthplace Sersuaay	Other conditions		
14. Maldeo name Barbara (Unkseasa) 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations. Date of ep.		
Address 300/ Edgs wood Rd 11. Burial (Burial, cremation, or removal. Which?) Date thereof // 7/45 (month) (day) (year).	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cometery or eremetery NEbrew Friendshife Lecation Balto Rud.	Where did injury occur?		
18 Eugard director William Cook Sac	means of injury		

23. SIGNATURE

A15 NS

WRITE

PLEASE

Address

d by registrar)

age of deceased is shown on Bureau of Vital S	PEPARTMENT OF HEALTH Statistics, Baltimore 13-2 TE OF DEATH Reg. Dist. No 32 UI 157
1. PLACE OF DEATH: (a) County (b) City or town (If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State (b) County (c) City or town (if outside city or town limits, write RURAL and give town) (d) Street No. 152 (If rural give location) (e) If foreign born, how long in U. S. A.? 33 years
3 (a) FULL NAME Samuel Ber	notem
3 (b) If veteran, name war 3 (c) Social Security No.	20. Date of death 20. Date of
Sex Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Framed 6 (b) Name of harbers or wife Serveton.	2I. I certify that death occurred on the date above stated; that I attended deceased from July 26 19 44 to 24. 16, 19 45, and that I last saw him alive on 26 19 45
7. Birth date of deceased (mo., day, yr.) Qugust 15, 1871	Immediate cause of death Duration
8. AGE: Years Months Days If less than one day 13 7 4 5hrmin.	Due to Outmenay Subscentism / year
10. Usual occupation Conjunty, and state)	Other conditions PHYSICIAN PHYSICIAN
11. Industry or business 12. Name Solomon Bernstein. 13. Birthplace Soland	Major findings: Of operations Of autopsy Underline the cause to which death should be charged statistic.
14. Maiden Name Settuele? 15. Birthplace Poland	22. If death was due to external causes, fill in the following:
16 (a) Informant France: Berntlew (b) Address 15 2, Washington 17 (a) Sward (b) Date thereof (month) (day) (year)	(a) Accident, suicide, or homicide
(c) Cemetery or orematory Location Location 18 (a) Funeral director factor (b) Address	place?While at work?
(6) Address 19 (a) / - / (b) - C. Nichola (Date rec'd by registrar) Registrar	Address Persterstown Teef Date signed 16, 150



Balkenore

200



1. PLACE OF DEATH:

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:



1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	150
(a) Baltimore City, Maryland	UU.	199
(b) Street address 5927 Marnat Rd.	(a) State Md. (b) County	*********************
(c) Hospital or institution:	(c) City or townBaltimore (If outside city or town limits, write RU	RAL and give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 5927 Marnat Rd. (If rural give location	on)
(e) Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?	
3 (a) FULL NAME AMY KAUFMANN BLACK		Military States
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
none No. none	20. DATE OF DEATH Jan. 1, 19.	45, at 8:00PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or White divorced. Married	21. I certify that death occurred on the date above s	
6 (b) Name of husband or wife Max S. Black	and that I last saw here alive on 1/1/	
6 (c) If alive, give age years	Immediate cause of death Pulmanan	Duration
7. Birth date of deceased (mo., day, yr.) May 30, 1887	acdema	Iday.
8. AGE: Years Months Days If less than one day		
57 7 1hr. ,min.	Due to Bosemana of	
9. Birthplace N. Y.	lung a liver (mytestatic)	
(Town, county, and state) 10. Usual OccupationHousewife	Due to Carcina 7 trend	Sys
11. Industry or business	Other Conditions	
12. Name Julius Kaufmann	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace Germany	Date of operation	Underline the
er l	Major findings of operation:	cause to which
14. Maiden Name Susan Koch	***************************************	death should be
15. Birthplace N. Y.	of autopsy:	
16 (a) Informant Mrs. James Kaufmann	22. If death was due to external causes, fill in the	following:
(b) Address 3611 Labyrinth Rd.	(a) Accident, suicide, or homicide	***************************************
	(b) Date of occurrence	atM
17 (a) Cremation (b) Date thereof 1/3/45 (month) (day) (year)	(City or town) (C	ounty) (State)
(c) Cemetery or crematory Loudon Park Crem.	(d) Did injury occur about home, on farm, industr	
Location Balto., Md.	place? While at w	ork?
18 (a) Funeral director WM . J. TICKNER & SONS	(Specify type of place)	
	(e) Means of injury 23. Signature Town Leven	
(b) Address Balton Md. Williams, M. 19 (a) 12 19 (b) Address Balton Md. Williams, M. 19 (b) 19 (c) 1	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M D
(Date rec'd by registrar) Registrar	Address You's dehal Agh an Date	signed 1/2/195

hle Frank Levinson - 4004 Lil. Agts.

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00159

CERTIFICATE OF DEATH

Reg. Dist. No.

	105. 2.50. 110
1. PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
County A Sally Marly	(For newborn infinite give residence of mother)
City or town Parkville	state //www.gcguniy County
(If outside city of town limits, write RUKAL and give nearest town)	City or town / Carpeville
jow long in above place of death?	(if outside city or town limits, write RUTAL and give nearest town)
ospital, institution, or street address where death occurred:	Street No. 1819 Street No. 181
	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war
R. (a) FULL NAME Mrg. Comma, Elizabeth	3. (b) Social Security Number
5. Color or race 6.(a) Single, plarried, widowed, or divorced	MEDICAL CERTIFICATION
Hemale Tohile Studow	20. DATE OF DEATH LAMMANY 18- 19 45 at 3/
There day to be a	
(b) Name of husband or wife AMMAN CONTROL	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ars 9 and 19 44 to 18 19 19 19 19 19 19 19 19 19 19 19 19 19
deceased (mo., day, yr.) Neptember 15-1862	and that I last saw h
B. AGE: Years Montas Days If less than one day	Immediate cause of death
82 4 3 hos.	
7 + : 0	Generalized areno censo
Birthplace Dalumory Ces. Maryloma	Due to.
(Town, county, and state)	
O. Usual occupation	Bue to
1. industry or husingles	
12. Name Stilliam & Lowman	Diher conditions Fractured left lave
13. Birthplace Manylande , 100	Lenner.
Mahaarel Kelly	(Industry 125 miles 2
14. Maiden name ////////////////////////////////////	- ruspila + fell in our
15. BirthHace Maryland	Bate of op
16. Informant Mus Comma C. Machin	Autopsy results.
= 2. = () . d () . P. b	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1815 Chamble One Parkville	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, sulcide, or homicide
d ried Trake	
Cemetery or crematory	Where did injury occur?
Location Personal Maryland	Injured at home, farm, Industry, public place (where?)
18 Funeral director Durale Francial Home	Means of Injury Injured at work?
18. Funeral director	
Address 3/23/ Halls I ball	23. SIGNATURE Translet a. gratt, his
1/22 45 (kuhlet	M. D. or other
(Date rec'd by registrar)	rar Address \$100 Harfard Not Date signed 1/19/3

VS A15

MARGIN RESERVED FOR BINDING

Dr. Harold Grott 8100 Harford Road Ha 0125

Means of Injury

Injured at work?

PLEASE.

2411 N. Charles St., Baltimore /OR

00161

CERTIFICATE OF DEATH

Injured at home, farm, industry, public place (where?)

Injured at work?

M. D. or other

			CERTIFICATION CONTRACTOR CONTRACT	Reg. Dist	. No. 7	
1. PLACE OF DEATH: County Baltimore Cily or town Fort. Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
				State		
			d: oward, Maryland			
		3 Hrs.		2.(α) If veleran, name war		
3. (a) FULL NAM	E			3. (b) Social 3	Security Number	
IRV 4. Sex	IN BONEBR		e, married, widowed, or divorced			
- 14				MEDICAL CERTIFICATI	ON	
Male	White	Ma I	arried	20. DATE OF DEATH Jan.a. 17.,	1945 at .4:05A.	
7. Birth date of deceased (mo., day,) 8. AGE: Years	yr.) 11-28-	98 I Days	c) If alive, give age49year	Immediate cause of death	DURATION	
8. AGE: Team		19	hrs. min	Pneumonia Right Lobar	6 Days	
		county, and	state)			
11. Industry or busines				Due 10		
441		rake		Diher conditions	***************************************	
201	Susan ?			(Include pregnancy within 3 months of death) Major findings of operations		
	nical Keco Lovard,		ts.Adm.Facility	Autopsy results		
17 Burial (Burial, cremation	, or removal, Which?	Date ther	con //20/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the follow Accident, suicide, or homicide	of	
Lecalles	Baltim	ore. M	ryland	Injured at home, farm, industry, public place (where?)		

Means of Injury

23. SIGNATURE.

Address....

Registrar

A15

18. Funeral director CH45D

(Date rec'd by registrar)

Address

501 E.

Fort

Ave., Balto., ..d.

SA

HYMAN TO THEORYGANIA STATE ORALISAND

pac d.b.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

00162

CEPTIFICATE OF DEATH

			CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore City or town. Catonsville (It outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 28 days. Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 28 days.			BURAL and give nearest town)	State Mary land County Ste Mary City or town Leonard town (If outside city or town limits, write RURAL and give of Street No. (If rural, give LOCATION) 2.(a) If veteran, name war	nearest town)
3. (a) FULL NAME	Anna Ma	y Boyd		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
f	w		single	20. DATE OF DEATHJanuary 8	5. at 3.230 A
	*****************		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended de	eceased from
deceased (mo., day, y	.) Januar	y 2, 1	889	Immediate cause of death	
8. AGE: Years	Months	Days 6	if less than one dayhrsmin.	Carebral hemorrhage	
8. BirthplaceI		n. Mary, and	yland state)	Due to. Hypertensive cardiovascular disease	Before
11. Industry or business				Due to	
and t				Dther conditions	
and I	Margare		n Cameliar	(Include pregnancy within 8 months of death) Major findings of operations	
18. Informant HC		cords	re - 28, Md.	Antopsy results. 2S 2DOV9 PHYSICIAN: Please underline the cause to which death should be charge	
17(Buriai, cremation,		Date then	eof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or cremator		. //	me	Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)	
18. Funeral director	yc.m		igly Low	Means of injury injured at work?	
Address 1	ovorez	aring	249	23. SIGNATURE ROBERT E. Gardner, M.D. M.I	O, or other
19. (Date rec'd by res	b 19		The giotpat	Address Baltimora - 28, Md. Date signe	1/8/45

HERARD SO YERWINASMI STATE OF A FEARER

RECEIVED

FEB 1 1945

BUREAUVE

2411 N. Charles St., Baltimore 1246

00163

CERTIFICATE OF DEATH

			02211111101	Reg. Diat. No.	·	
1. PLACE OF DEAT	Y			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Reltimore				State Maryland County Baltimore		
Cily or town. Fort Oward (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)			
How long in above place of death? 1- \$ Days			***************************************	City or town. Bal timore (If outside city or town limits, write RURAL and giv.	e nearest town)	
Hospitat, Institution, or st	reet address where	death occurred	d, Maryland	Street No. 900 Linden Ave. (If rural, give LOCATION)	····	
				(If rural, give LOCATION)	/	
	stitution?	lay.s		2.(a) It veteran, name war	***************************************	
3. (a) FULL NAME				3. (b) Social Secu	rity Number	
CL	ARLES H.					
4. Ser !	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Divorced	20. DATE OF DEATH January 18, 19.4	5 at 11:30Pm	
8 (h) Name of husband or	wife		***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from	
					8,16.5	
	- 52 A O		c) it alive, give ageye	and that I last saw h. ill alive on January 18,	19.45	
deceased (mo., day, yr.)			1 the the content	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	Cirrhosis of Liver with ascites	Unknown	
60	6	14	hrs m	In.		
9. Birthplace	ssouri	conntr end		Due to		
	Haaran gan A. J	Tolff	•••••••••••••••••••	Due to		
11. Industry or business	1 T D					
		oyer		The constitution of the co		
	rginia			(Include pregnancy within 3 months of death)		
E 14. Maiden name	Inknown	***************		Major findings of operations.		
14. Maiden name				Date of op.		
	ical Reco	ords. V	ets. Adm. Facilit			
77	howard,			PHYSICIAN: Please underline the cause to which death should be char	rged statistically.	
AUGI C33				22. VIOLENCE: It death was due to external causes, fill in the following:		
17 Burial commetion of	r removal Whishi	Date then	ent 1-22-45- (month) (day) (year)	Accident, suicide, or homicide		
			ional			
Location	DATOTIL	010, 111	eryland			
	A T .	114		Means of Injury Injured at work?		

Registrar Address...

4644 York Road., Balto. Md.

RICE SIGNATURE NEW RENTEY, N. Fort Howard, Mar

Maryland

PLEASE

Address

(Date rec'd by registrar)

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly end legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

00164

CERTIFICATE OF DEATH

0	arles St., Baltimore
CERTIFICA	ATE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH: CountyBaltimore	11 147 3
City or town	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Sireet No. 47 24 York Rd. Balto. Md.
How long in hospital or institution? O. Yrs., 7 mas., 1 day	2.(a) If veteran, name war
3.(a) FULL NAME Charles J. Brady	3. (b) Social Security Number No. Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH January 10, 1645 , at 7:30 E
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from June 9. 10 44 to Jan. 10 19 45
deceased (mo., day, yr.) May 15, 1914 8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 2 yrs
30 7 26 hrs	nin. 7 mos
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Tubercle Bacilli
10. Usual occupation	Due 10
12. Name. Charles Jacob Brady. 13. Birthplace Brucetown, Virginia	
14. Malden name. Catherine Mooney 15. Birthplace Baltimore, Maryland Charles J. Brady	(Include pregnancy within 3 months of death) Major findings of operations.
2 15. Birthplace Baltimore, Maryland	Bate of op.
16. Informant	Autopsy results
Address 4724 York Rd., Balto., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Punial Jan. 13, 19,	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory Mount Hebron Cemetery	Accident, saidle, of some accident
	Where did injury occur?
Location Winchester, Virginia	
16. Funeral director. As Liee Oder	H Y 0 11 11
Address 4644 York Rd., Balto., Md.	23. SIGNATURE COURT & Maffer M. D. or other
19. 1/10/45 19 45 Carl Metster Registrar)	S. I Massack Wallson Md

HEART OF STATE DESCRIPTION OF STATE OF STATES



2411 N. Charlen St., Baltimore 13/5/

CERTIFICATE OF DEATH

00166

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (I-IOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town	State County County
How long in above place of death?	(if outsidecity or jown limits, write RURAL and give merest town)
Hospital, institution, or street address where death occurred:	Street No. Ald Fred Red
30x Hillen an	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Colorence L. B	uckley Sr.
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE DF DEATH Jany 10 1945, of 1-15th
B.(6) Name of husband or wife Mary & Dilson	21. I CERTIFY that death occurred on the day above stated; that t attended deceased from
/ 41	1919
7. 8irth date of	end that I last saw haliye on19
deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediate cause of death
0. 100.	
72+3 10	Coronary Occusion
B. Birthplace	Due to
(- ph/ /e.	Culles Wascarlan
7.	Due to.
11. Industry or business	Neidella deale
12. Name Jeo Brickley 13. Birthplace	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Daniely / Storm	Major findings of operations.
15. Birthplace	Date of op.
16. Informant 6 18. Bushley In	Autopsy results.
Address marriottsville, Rud	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 0	22. VIOLENCE: tf death was due to external causes, fill in the following:
17. (Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mureland Memorial Pack	Where did injury occur?
Location Breto Tuel.	Injured at home, farm, Industry, public place (where?)
20 Win Lottons	Meens of Injury Injured at work?
18. Funeral director.	e / / per Med
Address Ellust City My	23. SIGNATURE Low Tynfie ffer Chan By
19 1/10 1945 tollate	M, D, or other C
19. (Date ec'd by registrar)	Address 0 10 Koods are bate signed 10-11



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



CERTIFICATE OF DEATH

D	00	16	5	
Reg.	Diet. I	Yo	31	••••

1945

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother) State		
(If outside city or town limits, white RURAL and give nearest town) How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME James P. Britton	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Walt With Wellwer	MEDICAL CERTIFICATION 20. DATE OF DEATH TANY 74 1045 1/53		
B.(b) Name of husband or wife Sarah E. Britton	21. I CERTIFY that death occurred on the date above stated; that I attended usceased from		
7. Birth date of deceased (mo., day, yr.) Nov. 22, 1871	and that I last saw h		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
7.3 2 7hrsmin.	Coronary brombon		
9. Birthplace Harford Co., Md. (Town, county, end state) 1D. Usual occupation. Foreman 11. Industry or business Black & Decker	Oue to		
12. Name Richard N. Britton 13. Birthplace Harford Co.	Other conditions		
14. Malden name Mary Smith	(Include pregnancy within 8 months of deeth) Major findings of operations		
15. Birthplace N. Y.			
16. Informant Mrs. Ida May Chilcoat	Autopsy results		
Address 537 W. Alleghany Ave., Towson, Md.			
17. Burial Date thereof 2/1/45 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide		
Cemetery or crematory Prospect Hill Com.	Where did injury occur?		
Location Towson, Md.	trijured at home, farm, industry, public place (where?)		
18. Funerat director WM & J. TICKNER & SONS Address Balto., Md.	Means of Injury Injured at work?		
19. (Onto ree'd by registrar) 19. (Registrar)	23. SIGNATUR M. D. or other Address Kusville M. D. or other Date signey 29		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and hegibly

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4

			CERTIFICAT	E OF DEAL	Н	Reg. Dist. No	20
1. PLACE OF DEAT	H: to.			II	ints give residence of r	nother)	
Cliy or town(If out	Catons ville (If outside city or town limits, write RURAL and give nearest town) a bove place of death? Catons ville (If outside city or town limits, write RURAL and give nearest town)						
Nospiial, Institution, or si	reet address where	death occurred				Rd.	
How long in hospital or in	stliuiion?	**************		2.(a) If veteran, name war		***************************************	
3. (a) FULL NAME	MAN	IE E.	BRYANT			3. (b) Social Security	Number
4. Sez	5. Color or race	6.(a)Single	e, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Female	White		Widow	20. DATE OF DEATH		19.45	, at
6.(6) Name of husband or	wifeJosep	h R. Bi	yant	21. L CERTIFY that death March, 26	occurred on the date abov	Figure 1 that latiended dec	eased from 45
7. Birth date of deceased (mo., day, yr.)	0	22, 18	e) If allve, give ageyears	II			45
8. AGE: Years	Months	Days	If less than one day	Immediate cause of deat	4	***************************************	. DURATION
79	3	23	hrs. min.	Cerebral	Hemorrha	ige.	3 days
9. BirthplaceVi	rginia (Town,	county, and s	tate)	Arteria Due 10.	1 Hyperte		4 yrs
10. Usual occupation	TIO GOOW I I	······································		Due to		••••••••••••••	
nd 3	se Burro	ugh s		Dinei Conditions	. Myocard egenera t	10n	4 years
14. Maiden name 15. Birthplace	Ann McKe	nney		Major findings of operati			***
		yaht		Autopsy results.		Date of op	
Address 642	Colerain	e Rd.				ch death should be charged	statistically.
17. Burial (Burial, cremation, o	r removal. Which?	Date there	1/18/45 (month) (day) (year)	22. VIOLENCE: If death Accident, suicide, or homic	oldeO	Date of	***************************************
						(County)	
		Injured at home, farm, Ind Means of injury	lustry, public place (who	injured at work?	••••••		
18. Funeral director WM. J. TICKNER & SONS Address Bal to., Md.		S.	Claro	Lota and	2		
19. (Date reo'd by regis	19.45.	NO	Sporty horo legistrar	23. SIGNATURE Caton	sville/X		or other Jan, 16, 45

Hu. S. Moyd Johnson. 610 Frederick Rd BUREAU V.B. SAGI AS NAL

00168 2411 N. Charles St., Baltimore 131-6

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Coun		ates and the manufactures
State Coupt of the Country of Country		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (Le catalide effty or town limits, write RURAL and give nearest town) Key long in begulist of dealth (L. L. L		State Md. County Balto.
Row long in begins or institution, or street address where death occurred:		A
Since Res. (It rears), give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 2. (4) Security Number 3. (6) Social Security Number 2. (4) Security Number 2. (4) Security Number 3. (6) Feath Security Number 4. Security Number 5. Death Security Number 6. Security Number 6. Security Number 6. Security Number 7. Security Number 8. Security Number 9. Death Security Number 9. Security Number 9. Death Security Number 9. Security Number 9.		
Roy tong in bospilal or trutifuling? 3. (a) FULL NAME A 1 0	nospies, manifestor, or street address while address over the	
4. Set 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Widowed Part of the Set o	How tong in hospital or institution?	2.(a) If veteran, name war
4. Set S. Color or race	3. (a) FULL NAME	3. (b) Social Security Number
28. DATE OF DEATH A 1945 at 19	Marion V Bujac	214-12-055-9
8. (b) Name of husband or wife	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5.60 Hame of hassand of wife 5.60 Halife, give age	Female White Widowed	20. DATE DE DEATH Jan. 13 1945 21 9 A
7. Birth date of deceased (mo., day, yr.) Fe 6. 2 4 1902 8. AGE: Years Months Days If less than one day 19. Birthplace Address 11. Industry or business 12. Name Address 13. Birthplace 14. Maiden name A 27. O Y D D Mary To Y D D D Mary To Y D D D Mary To Y D D Ma	s.(b) Name of husband or wife John Bujac	
1. Birthplace		
8. AGE: Tears Months Days If less than one day 4 2	7 Pieth date of	
9. Birthplace		Immediate cause of death
9. Birthplace	42 10 19nin.	The state of the s
10. Usual occupation And Management of the Company and state of the Company and the Company and state of the Company and the Company and state of the Company and the Company a	Ba Ito Md.	N-1 /2-1 / 3/1-
11. Industry or business 12. Name	(Town, county, and siste)	
12. Name 13. Birthplace 14. Malden name 15. Birthplace 15. Birthplace 16. Informant 16. Informan	1B. Usuat occupation	heldender 200
14. Maiden name 1. 14. Maiden name 1. 15. Birthplace 15. Birthplace 16. Informant 1. 15. Birthplace 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other?		
14. Maiden name 1. 14. Maiden name 1. 15. Birthplace 15. Birthplace 16. Informant 1. 15. Birthplace 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 17. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other?	12. Name. U. M. R. S. U. O. 6.5 0	Dither conditions
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. 24. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Underly occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other	13. Birthplace	(Incinde pregnancy within 3 months of death)
Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. 24. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Underly occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured at work? 23. SIGNATURE. M. D. or other	E 14. Malden name LE 27.0 YE N. Duy Tox	Major findings of operations.
Address 17. Barrial, eremation, or removal. Which?) Cemetery or crematory. Location. Barrial directors and barrial directors. Address 740 Below Production and barrial directors and barrial directors. Address 740 Below Production	E 15. Birthplace	Date of op.
Address 17. Barria, eremation, or removal. Which?) Cemetery or crematory. Location. Back to a second and the following: Location. Back to a second and the following: Address 7 401 Below Prod Address 7 401 Below Prod 19. 1/5 18 45 Mas S. A. Farts 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	18. Informant family // ecords	
17. (Burial, eremation, or removal. Which?) Cemetery or crematory. Location. Bate thereof. (month) (day) (year) Location. Balance Address 740 Belain. Bate of (City or town) (County) (State) 18. Funeral director Balance Address 740 Belain. Balance Addr	Address	
Cemetery or crematory 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2	17 Burial Date thereof 1 16 45	
Location Bolton Md. Injured at home, farm, Industry, public place (where?) 18. Funeral director Casalan Banasa Man. Address 740 Belain Ord 19. 1/15 18 45 Mas 5. A. First		
18. Funeral director Casa An Emma Home Means of Injury Address 740 Belain Ord 19. 1/15 18 45 Mrs 3. A. First - 1/11 Paralles Community Means of Injury Injured at work?	BILLAI	
18. Funeral director of the second of the se	Location JOA TO JA	
19. 1/15 18 45 Mrs 5. A. First - 1/11 Parelles Com. M. D. or other	18. Funeral director descale the three Hames	means of injury injured at work?
19. 1/15 19.45 Mrs. 2. a. tinto- 1/11 Restor com M. D. or other	Address 7401 OSelan Ord	23. SIGNATURE DE CONTROLLES
	19. 1/5 19.45 Mas S. A. Fritz (Date ree'd by registrar)	- M. D. or other

RECEIVED!

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ..

00169

1. PLACE OF DI	Baltimo	re		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED: mother)
City or town	Catons	ille	URAL and give nearest town)	state Maryland Cou	nity
(15	outside city or town l	mits, write R	URAL and give nearest town)	Raltimore-1	A
How long in above place	e of death? 2 m	onens,	10 days	(If ontside city or town limits	, write RURAL and give nearest town)
	or street address where ing Grove S			Street No. 5704 Birchw	rood Avenue
	or institution? 2 m		***********************************	(If rural, give	LOCATION)
		OTTOTIO 3	TO GAT 2	2.(a) It veteran, name war	
3. (a) FULL NAM					3. (b) Social Security Number
	Mary	ursick			
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
Female	White		Married		
				20, DATE OF DEATH SAITURE Y 24	19 45 at 3:50 pm
B.(b) Name of husband	or wifeJO	hn R. I	Bursick	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from
	***************************************		If alive, give ege 6864 ears	19	
7. Birth date of deceased (mo., day,	T		1805 1884	and that I last saw halive on	18
8. AGE: Year		Days	At less than one day	Immediate cause of death	DURATION
69		21		- Confirmation	
		-	hrsmln.	-	<u></u>
9. Birthplace	Baltim (Town,	ore, Ma	ryland	Due to Jarmeho 12	reumon
	House		ate)		
10. Usual occupation.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T16		Due to Legetine of	high
11. Industry or bustness				16 th	- and
12. Name	Patric	k Tierr	ley	Dther conditions	
13. Birthplace	Irelan	dea	nada	1	Vanne
E			dy d	(Include pregnancy within 8 m	nowths of death)
14. Maiden name.				Major findings of operations	
2 15. Birthplace	Irelan				Date ot op
16. Informant	Hospit	al reco	rds	Autopsy results	
Address	Catons	wille.	Balto28, Md.	PHYSICIAN: Please underline the cause to wh	ich death should be charged statistically.
2 .				22. VIOLENCE: If death was due to external caus	ses, fill in the following:
(Burial, cremation	, or removal. Which?)	Date thereo	(month) (day) (year)	Accident, suicide, or homicide.	Park Date of Many 12 - X.S
				Where did injury occur?	mille 1/32lb und
Location	***************************************			injured at home, face; industry, public place (wh	ere?) Rophlae
18. Funeral director	1	R.	1 / k	Means of tolury fall wenking	w/ Injured at work?
		_ 11	.1 , >1	l en	Il estables
Address	250	5 hd	rford Kd	1. Valm	Rie Ster El Ada

Address 060

H W. Reduct

19. (Dayle rec'd by registrar)

2411 N. Charles St., Baltimore



00170

E OF DEATH	Reg. Dist. No	4-2
2. USUAL RESIDENCE (HOM)	E) OF DECEASED:	
Mr. 0	B-04	
State C.	County	The state of the s
City or town(If outside city or town	limits, write RURAL and give r	earest town)
Street No. 5 3 5 (If rural	ejve Location)	uq
2.(a) If veteran, name war		••••••
	3. (b) Social Securit	y Number
Burton	no	-
MEDICAL	L CERTIFICATION	
20. DATE OF DEATH.	~ 26 1945	7 3 45
21. I CERTIFY that death occurred on the da		ceased from
J Alm	194 y to Can	26 19.45
and that I last saw h 22 alive on	Carx/25	19 5
Immediate cause of death		OURATION
chr. Myore	endelis	240
to Defen	- fansalio	2/1/2
Due to Mun L	Oftono	9.
& condra	Hyprelia)	1,10 m
Due to arterial	Hapotal	2 7 17 19
***************************************		1000
Other conditions		
(Include pregnancy with	hin 8 months of death)	
Major findings of operations	Date of on.	~
		9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Autupsy results	te which death should be charge	d statistically.
22. VIOLENCE: If death was due to extern	nal causes, fill in the tollowing;	
Accident, suicide, or homicide	Date ot	•••••••
Where did injury occur?	own) (County)	(State)
(City of to	(002110)	
Injured at home, farm, industry, public pla		



PLEASE WRITE

Evidence	for change of	N
cause of	death is shown	on
FILM No.G	9 4 MAY 16 19	45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

Dist		4
 Dist	No.	7

CERTIFICATE	OF	DEATH
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How long in above place Hospital, institution, or Vets.Adm.F	Fort Howa atside city or town is of death? Street address where co. Fort Hinstitution?	rd mits, write R Days death occurred loward, Days CANNON	URAL and give nearest town) Maryl and	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Elkton (If outside city or town limits, write RURAL and give nearest town) Street No. R.D. #1 Elkton, Md. (If rural, give LOCATION) 2.(a) It veteran, name war. WW-I 3. (b) Social Security Number		
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White	M	arried	20. DATE OF DEATH. Jan. 11.	1945	at 4:40P.
6.(6) Name of husband or wife				21. I CERTIFY that death occurred on the date abov Jan a 2	45 to Jan. 11.	1945
8. AGE: Years	Months	Days	It less than one day	Brain Tunor Lenign Cu		
56	2	10	hrs,mln.			
13. Birthplace Harden name 15. Birthplace	Labor ark Cannon Maryland Mary L. Re Mary	er ynolds		Oue to	Lt. with t. Audition entig of death)	
Address	Fort I	Howard,	Md•	PHYSICIAN: Please underline the cause ta whi		statistically.
Location	Elkton Elkton	Cemete , Maryl Pippin , Maryl	& Son	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	(County) ere?) injured at work?	(State)

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Non-Various

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 182

CERTIFICATE OF DEATH



County	State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Charles / Jony Clarket	3. (b) Social Security Number		
Maler while wednesday.	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 9 9 19.45 at 1		
6.(b) Name of husband wife. Lacy Clark 6.(c) If allve, give age years 7. 6irth date of deceased (mo., day, yr.) Oct 14 18 59	21. I CERTIFY that leath occurred on the date above stated: the lationded dececed from 19		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
9. Birthplace (Town, county, and atate) 10. Usual occupation (Town, county, and atate) 11. January or husbasse (29. 19. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	Due to		
11. Industry or business Annews Clark 12. Name Clark 13. Birthplace	Dither conditions		
14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Mas Yelen C. Potter Address 37 Register lor-Inacelie	Autupsy results		
17. Burial, crematica, or removal. Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Cines ville Sul.	Where did injury occur?		
16. Funeral director William Sol Suc. Address 1217 St. Parcel St.	BOSGNATARE . P. O. Muscheofy m Ex		
19. (Date rec'd by registrar) Registrar	Mescelle Med M. Dyor other		

R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-2

CERTIFICATE OF DEATH

P()()173
Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	F DECEASED:	
County Baltimore				state Maryland County Baltimore		
City or town			RURAL and give nearest town)	Dal dimens		
How long in above place	e of death?	51 Day	S	City or town. Bal Clmore (If outside city or town limits	, write RURAL and give no	earest town)
Hospital, Institution, o	r street address where	death occurre	d:	Street No. 902 Harden Court		
			loward, Md.	(If rural, give	LOCATION)	1/
		51 Day	S	2.(a) It veteran, name war		
3. (a) FULL NAM	IE	No.			3. (b) Social Security	Number
	THOMAS COFF	EE			none	
4. Ses	5. Color or race		ie, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored	Mar	ried			
				20. DATE OF DEATH January 2,		
6.(b) Name of hyshan	or wite Hat	ie Cof	fee	21. I CERTIFY that death occurred on the date about		
			(c) It alive, give ege3.8years	November 12, 19		
7. Birth date of deceased (mo., day,	0 0 0			and that I last saw h. i.melive onJanu	ery	19.45
8. AGE: Year	7.0	Days	tt less than one day	Immediate cause of death		
50) A.	23	hrs. min.	Bilateral Broncho-Pne	unonia	
		1				
9. Birthplace Florida (Town, connty, and state)		Due to Esophageal tracheal fistula				
10. Usual occupation	Unemploy	red			***************************************	
		••••••	•••••••••••••••••••••••••••••••	Oue to Bronchogenic Carci	noma	
11. Industry or busine					1	
		ee		Other conditions Generalized ar	terlosclerosi	4
	Florida			(Include pregnancy within 3 m	conthe of death)	
14. Malden name	Annie Wash	ingtor	<u>]</u>	Major findings of operations Palliati		137
M 15. Birthplace	Florida			Major lindings of operations. Date of op. 12-29-44		
		I shar	Vets. Adm. Facilit	Aptopsy results Bronchogenic C	arcinome	
				PHYSICIAN: Please underline the cause to wh		
Address FOI	rt Howard,	Marvis	and A H 104	22. VIOLENCE: If death was due to external caus	ses, fill in the following:	
11 Burial	n, or removal. Which?	Oate the	(month) (day) (year)	Accident, suicide, or homicide		
			1/	Where did injury occur?(City or town)		
Cemetery or crematory Balti nore National Cemetery Balti nore, Maryland						
Location	Darti		ar y rand	Injured at home, farm, industry, public place (wh		
18. Funeral director	A. Lee	Oder	***************************************	Means of Injury	tnjured at work?	
Address			d., Balto., Md.	CITT O	- 211	
VAGIL622	,		2110	23 SIGNATURE	D. CLINICAM P.	Twinth'an "
19	. 85	1	areach	MA FORT HOWARD Md	D. CLINICAE. 4	TRIB TOR
(Date rec d by r	egistrar)	-	Registrar	Fort Howard, Md		

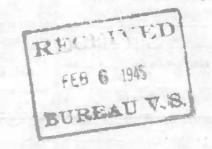
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Biro

00174

CERTIFICATE OF DEATH

1. PLACE OF DEATH: CountyBaltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. (If outside city or town limits, write RURAL and give nearest t	own) Petersburg	
How long in above place of death?	City or town. Peter sburg (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred: Vets. Adm. Facility, Fort Howard, Mary	Street No. 206 Hamilton Ave.	
Bow long in hospital or institution? 39 Days	(If rural, give LOCATION)	
	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
COGLE, Charlie		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorce	MEDICAL CERTIFICATION	
Male White Single	20. DATE OF DEATH. January 13, 1945, 25:00 Aa.m	
6.(b) Name of husband or wife Single	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	December 5, 19.44 to January 13 19.45	
7. Birth date of	and that I last saw b i Malive on January 13	
deceased (mo., day, yr.) 8-8-87 8. AGE: Years Months Days If less than one day	Immediate cause of death Heart Disease DURATION	
pa pag	Coronary arteriosclerosis with 6 Weeks	
	Myocardial Insufficiency Plus	
9. Birthplace Prince George Co., Va. (Town, county, and state)	Due to.	
10. Usual occupation. Unemployed		
11. Industry or business	Due 10	
12. Name John Cogle 3. Birthelace Virginia	Other conditions Bronchitis, chr., asthmatic	
	type: Pulmonary emphysema: Uremia (Include pregnancy within 8 months of death)	
14. Malden name Binna Davis 15. Birthplace Virginia	(Include pregnancy within 8 months of death) Nephrosclerosis Major findings of operations	
15. Birthplace Virginia		
16. Informant Clinical Records, Vets. Adm. Fac	Date of op.	
David Hamand Managara	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (3	Accident, suicide, or homicide	
(Month) (day) (year)		
Cemetery or crematry (City or town) (County)		
Location	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address 4644 york Rd.	RME. On 18	
Wasin amlos	23. SIGNATURE C. KENNEY, M.D. CLINICAM D. OCHORCTOR	
19. (Date rge'd by registrar)	Registrar Address Fort Howard, Maryland Date signed 1-1345	
	- Suction and an arrangement of the succession o	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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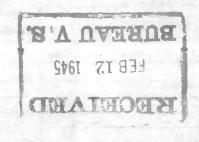
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00175

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: CountyBaltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tufants give residence of mother)		
City or town			State Maryland County			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 19 days		The T. A. J				
How long in above pla	or street address where	death necurre	1. To days	City or fown	write RURAL and give no	earest town)
Spring	Grove Stat	e Hos	pital	Street No. 9 West	24th Street	**********************
How long In hospital	or Institution? 3 1	nonths	, 19 days	(If rural, give 2.(a) If veteran, name war		
3. (a) FULL NA	ME				3. (b) Social Security	Number
	William	Cook				
4. Sex	5. Color or race	S.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Widowed	20. DATE OF DEATH January 31	18.45	at 8:30 p _M
	nd or wife			21. I CERTIFY that death occurred on the date about		
7 Blab Jake of	••••••	6.(c) If alive, give egeyears	October 12		
deceased (mo., day	y, yr.) April	13, 1	868	and that I last saw h.i.Malive on		
8. AGE: Yes	ars Months	Days	If less than one day	Immediate cause of death Broncho pneumo		l day
76	6 9	18				
9. 9irthplace	Virgini	a	state)	Due to. Chronic myocan	rditis	Indefinit
	Matah		state)			
10. Usual occupation	247 L _ 1-		***************************************	Due to. Chronic inter	stitial	*** ***********************************
11. Industry or busin				nephritis	***************************************	
12, Name			<u>k</u>	Other conditions	***************************************	* *************************************
13. Birthplace	Germany			(Include pregnancy within 3 m		**
# 14. Malden nam	Henriet	ta Da	y			
¥ 14. Malden nam 15. 9\rthplace	Virgini			Major findings of operations		
-1 13. O'ttigiace	Hospita		o nde	Nama		
19. Informant		**************	***************************************	Autopsy results		
Address	Baltimo	re-28	, Maryland		2-1-1-1-1-1	statistically.
17. Burial crematic	on, or removal. Which?)	Date ther	eof 7.6 3 70 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		200000000000000000000000000000000000000
Cemetery or crema	in mead	accor		Where did injury occur?(City or town)		
Gemetery or crema	J. /_		0			
Location	170			Injured et home, farm, Industry, public place (who		•••••••••••
18. Funeral director.		ree	Inc	Means of injury	Injured at work?	
Address	414 70	lans	Elentown Rd.	23 SIGNATURE aber 16	Fardus	J. U. P.
10 2/	1 10 455	1	Hohedres	Hobert B. Gard	her, M.D. M.D.	or other
(Date red by	registrar)	Ed.	halo A Briston	Catonsville-28	, Mdl Date signed	1/31/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH



1. PLACE OF DEATH: Balts	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	2nd R-04
City or town	0 t 100-
How tong in above place of death?	City or town
Hospital Institution or street address where death accurred.	Street No. 315 Jugleside avg
315 Ingleside ave	(If rural, give LOCATION)
How long in hospital or tostituilon?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary C. Coulbo	
4. Sex 5. Color or race 6.(u) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Frank White Widowed	
The state of the s	20. OATE OF DEATH. 13 19 45 at 11 = 4 M
6.(b) Name of bushand of hir bliam - oulbourne	21. I CERTIFY that death occurred on the date above stated; that I atlanded deceased from
	19
7. Birth date of deceased (mo., day, yr.) 26 2 3 2 / 866	and that I last saw h. alive on fan 13 19 45
8. AGE: Years Months Bays If less than one day	Immediate cause of death
78 13 2/hrsmln.	
Catonoville ned.	
9. Stripplace	Oue to
10. Usuat occupation	Oue to
11. Industry or business	
12. Name Alfred Clayton 2016.	Other conditions
I 13. Birthplace 2nd.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Vanues Voyner	Autopsy results
Address new York n.y.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
2 2 1/1 -	22. VIOLENCE: t1 death was due to external causes, fill in the following:
17. Burial, crespation on compared Which? Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Lossiciones	Where did injury occur?
Best C. ma	Injured at home, 1arm, industry, public place (where?)
Location William Cook Duc	Means of Injury Injury Injury
18. Funeral director. Wilkiam Coope Sice	1 10 -
Address 1219 St. They T.	King To hum, und.
110 159 11 1	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Dentity does the istrar	Address Date signed 3/45





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bellisman	state Mangland County Baltimore
City or town	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give neurest town)
Hospital, Institution, or street address where death occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
Isaac Howar	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Celule manue d	20. DATE DE DEATH JOHNSON 13 1945 312:57.
6.(b) Name of husband or wife Many (Nee Clubes of	21. I CERTIFY that death occurred on the date above stated; the lattended deceased from
C1 11958 0/4 Maller aller 185-	13 19 45 10 January 13 19 45
7. Birth date of J-20. Marin Side Charles give age deceased (mo., day, yr.)	and that I last say have alive on 1943
8. AGE: Years Months Days If less than one day	Dumestate cause of doth
86 11 4hrs.	min.
9. Birthplace(Town, bounty, and state)	Que to
10. Usual occupation. Farme	Que to.
11. Industry or business	
= 12. Name I Saar Crowller	Other condition Laranic Myocaedtes.
\$ 13. Birthplace Balto Co. md.	•
H 14. Maiden name Many Recogniy	(Include pregnancy within 3 months of deuth)
15. Birthplace Ballo . Co mid	Major findings of operations.
16. Informant Mun Q D. Vindin J	Date of op.
9-1 21	Autopsy results
Address Sparter ned.	22. VIOLENCE: if death was due to external causes, fill in the following;
(Buriai, cremation, or removai, Which?) (at thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Black Rivels	Where did injury occur?
Location Ballo G. md.	Injured at home, farm, industry, public place (where?)
s 1 m B	Means of Injury J. J. de Query Injured at work?
18. Funeral director	~ n n (() 16)
Address Sparly med	23. SIGNATURE) - 6. SE T. 27200, C.
1/14 45 41mer C. Envor	W. D. or other
(Data read by registror) Regist	Pole signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1780

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	O TICHLE DESCRIPTION (F. C. D.
1 2 27	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infracts give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County Call
How long in above place of death? 30	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street Nochran from aret Dutton are
Elmann un Talulon on	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
many or or	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Signis, married, midowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH THE THE STATE OF
6.(b) Name of husband or wife ful reply	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Aure 15 1872	and that I last saw halive on19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
72 7 23hrsmin.	as flught atten
9. Sirthplace Mary Counk	Bue to Chamineling a
(Town, county, and state)	Due 10
10. Usual occupation	Due to. Occ Start
11. Industry or business	
12. Name Cych any Mosses The	Other conditions
12. Name 12. Name 13. Birthplace Access 13. Birthplace	
# 14. Maiden name / Vsettu Site	(Include pregnancy within 8 months of death)
5	Major findings of operations.
El 15. Birthplace	
18. Informant J. E. all Wehlmangun	Autopsy results.
Address / Dullon Court Catoris. Ma	PHYStCIAN: Flease underline the cause to which death should be charged statistically.
17 Burial Date they of 34 - 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or crematory	Where did finjury occur? (City or town) (Copyly) (State)
Location Quellism of & Mile	Injured at home, farm, industry, public place (where?)
18. Funeral director DESCLA Turky	Means of injury from processing the manufacture at work?
(to the man a block	of h V , Raffled
Address although fill	23. SIGNATURE Self Miles for again Malls.
19. (Date rec'dov registrar)	Address 1010 Keede lan Bate stened 2845

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FEB 1 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-7)

00179

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town				State Maryland County Balto	A	
(If ontside city or town limits, write RURAL and give nearest town) Now long in above place of death?			RUKAL and give nearest town)	City or town Reisterstown (If outside city or town limits, write RURAL and give	**************************	
Hospital, Institution, o	or street address where	death occurre	ed:	(If outside city or town limits, write RURAL and give	uearest town)	
Spring	Grove Sta	te Hos	pital	Street No	••••••	
		6 year	s, 9 mos., 14 das.	2.(a) It veteran, name war.		
3. (a) FULL NAM				3. (b) Social Securi	ity Number	
	Robert :	Lee Do:	rsey			
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		Single	2D. DATE DF DEATH January 4 19. 4	5 .12:00 p	
6.(6) Name of husband	d or wife	<u></u>	***************************************	21. I CERTIFY that death occurred on the date above stated: that I attended d		
			(e) If all up ratus area	March 21, 1898 xx , 5 Januar	ry 4 19 45	
7. Birth date of	vr.) 1863	?	(c) If alive, give ageyeara	and that I last saw h im alive on January 4	1945	
8. AGE: Year	7.0	Bays	It less than one day	Immediato causo of deatb	DURATION	
	2	2		Amaurosis	10 yrs.	
81		0				
9. Birthplace Maryland (Town, county, and state)				Due to Coronary occlusion	l hour	
	Mone	county, and	state)			
16, Oshar occubation				Oue to Generalized arteriosclerosis	Indefini	
11. Industry or busine		- 7		Hypertensive cardiovascular		
12. Name	Caleb	Ol Do	rsey	Other conditions disease.		
13. Birthplace	?					
14. Maiden name.	?			(Include pregnancy within 3 months of death)		
0	2	***************************************		Major findings of operations	*************************	
	** **			As above		
16. Intormant	Hospi	tal re	cords	Autopsy results	T	
Address	Catons	sville-	-28, Md.	PHYSICIAN: Please underline the cause to which death should be charge	red statistically.	
Buri	al	Date that	1-20-45	22. VIOLENCE: If death was due to external causea, fill in the following;		
(Burlai, cremation	n, or removal. Which?) Pare the	reot 1-20-45 (month) (day) (year)	Accident, euicide, or homicide		
Cemetery or crematory. Spring Grove State Hospital			State Hospital	Where did injury occur?	(State)	
Location	atonsville	28, M	aryland	Injured at home, farm, industry, public place (where?)		
				Meana of Injury Injured at work?		
18. Funeral director	Spring G	rove	tate Hospital	(X) 14 (1)		
Address Cato	nsville 28	, Mary	Lapo /	a south along to tardue	1 mes	
1/2	20 015	1	Total,	23. SIGNATURE HOOETT E. Gardner, M.D. M.	D. or other	
(Date rec'd by re	egistrar)	Ø	Out Bristrar	T ('dtangerilla 90 Md	ed 1/4/45	

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FEB 1 1945
DUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

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0	U	1	0	100	1

Reg. Diat. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
1	-01/20
(If outside city or town limits, write RURAL and give pearest town)	State County County
How long In above place of death? 4 1940 mills	(If outside city on town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where teath occurred;	
Masury Thomas	Street No. Of the Control of the Con
How long in hospital or institution?	2.(a) 11 veteran, name war.
3.(a) FULL NAME	The second secon
Masieus Larina, Bian	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1 0 4/4 0101	
Temale The Holow	20. DATE OF DEATH Seen 20 19 45 at 1 P. M
Charles 41 - 00	21. I CERTIFY that death occurred on the date above stated; that hattended deceased from
B.(b) Namo of husband or wife	Oct. 19 45 to Jan 20 19 45
7. Birth dato of S.(c) 11 alive, givo age years	//
7. Birth dato of deceased (mo., day, yr.) May 2,5 18-6/	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
	Carley Standard Standard Land March
7 23min.	
9. Birtholace Touthing	Duo to
9. Birthplace(Town, county, and state)	Aubistensive Carolio
10. Usual occupation.	
11, Industry or business	Oug to Warrendand deservate 5-fgs
12. Name 1	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Standard Stand	(Include pregnancy within 8 months of death)
	Major findings of operations.
₹ 15. Birthplace / Caldumo	Oate o1 op
18, Informant January M. Schurede	Autopsy results
060	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hasonic Jame wolkeyen	22. VIOLENCE: 11 death was due to external causes, 1111 in the following;
17 Janal Dato thereof Jan - 23/ 45	
17. (Burial, cremation, or removal. Which?) Oato thereol (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Location Daltings 14d.	Injured at home, farm, Industry, public placo (where?)
Location / Location	Means of Injury Injured at work?
18. Funeral director	mounte of injury
Address 15-12 Holling St.	
1114.5	23. SIGNATURE Salaman Shuman
Jan. 22 1945 Wilmer C. Ensor	24241 + 01 M. D. or other
(Date rec'd by registrar) Registrar	Address Date stgned Date stgned



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly end legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00181

CERTIFICATE OF DEATH

Reg. Dist. No. 33

				11		
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) ((For newborn infante give residence of	OF DECEASED:	
City or town Reisterstown. Md.			State Md. county Balto.			
						and Biro nearest warn,
			Hospital, Institution, or street address where death occurred:			
			001.01.01.01.01.01.01.01.01.01.01.01.01.	Street No.	e LOCATION)	
				2.(a) If veteran, name war		
3. (a) FULL NAME			•••••••••••••••••••••••••••••••••••••••	2.(a) It receian, name wal		
3. (a) PULL NAME		Lill	ian A.Dyer		3. (b) Social Security None	y Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced				MEDICAL C	ERTIFICATION	
Female	White	Wid	lowed	2D. DATE OF DEATH January	14, 19.45	at3A.s N
6.(b) Name of husband	or wifeP.POM	eis P	Dyer	21. I CERTIFY that death occurred on the date at September 9, 19	ove stated; that I attended dec	ceased from
T. Birth date of		6.(6	e) If alive, give ageyears	and that I last saw h. C.T. alive on J.a.n		
deceased (mo., day, ye	Sept.1	6,1876		Immediate canso of death		
8. AGE: Years	Months	Days	If less than one day	Coronary occlus	inn	DUNKTION
68	3	29	hrs. mia.		. 	
T	T M	v		Due to Arteriosc	lorosio	1 7091
9. Birthplace	Town	county, and s	tato)			
				air: hypertens	ion	or mor
		1	••••••••••••••••••	Due to		
11. Industry or business		2.3		***************************************		
12. NameJ.		ynolds	<u> </u>	Dther conditions		***
₹ 13. Birthplace	N.Y.			(Include pregnancy within 8		
14. Malden oame 15. Birthplace	Elizabe	th Lou	ardsberry			
E Tanadan danne	N.Y.		**************************************	Major findings of operations		
≥ 15. Birthplace	TA • T •				Date of op	
16. Informant Jej	come F D	yer		Autopsy results		
Address Reisterstown, Md.				PHYSICIAN: Please underline the cause to w	hich death should he charge	d statistically.
			Ton 17 16/45	22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
Burial (Burial, cremation,	or removal. Which?	Date there	of Jan. 17, 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
	tru. 1	- lem		Where did injury occur?(City or town)		
Commetery or crematory						
				Injured at home, farm, industry, public place (where?)	
			ns	Means of Injury	Injured at work?	11
Address Reis	sterstow	n,la.	7.00	23. SIGNATURE / Walth	Landan	or other
19. Ozn / 6	istrar)	1/1	e M Clifay	Address Reisterstown,		

AND THE PROPERTY OF THE PARTY O

RECEIVED FEB 8 1945 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore



CERTIFICATE OF DEATH

28100

Reg. Diat. No.

1. PLACE OF DEATH: Balto. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 2003 Alta Vista Ave. (If rural, give LOCATION)		
Hospital, Institution, or street address where death occurred: 2003 Alta Vista Ave.			
How tong to hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME DAVID GRAY ELDERKIN, SR.	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION Jan. 30, 45, 45, 214:00 P.M.		
6.(b) Name of husband or wife Minnie Witte Elderkin 6.(c) If alive, give age	2171 CERTIFY that death occurred on the date above stated; that I attended deceased from		
T. Birth date of deceased (mo., day, yr.) March 7, 1882	and that I last saw h.I.M. alive on Jan 29 - 19.45		
8. AGE: Years Months Days It less than one day 62 10 23 hrs. mln.	Immediate cause of death DURATION Throwboses Twonth		
9. Birthplace Baltimore, Md. (Town, county, and state) 1D. Usual occupation. Salesman	Due to Du		
11. Industry or business Weil & Scott Auto Co. 12. Name David G. Elderkin 13. Birthplace Md.	Dther conditions		
14. Malden name Bessie Gettinger 15. Birthplace Md.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.		
16. Intermant Mr. Clarence E. Elderkin Address 210 E. Highfield Rd.	Autopsy results. PIIYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial Date thereof 2/2/45 (Burial, cremation, or removal, Which?) Cemetery or crematory. Lorraine Cema. Woodlawn, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral director	Means of Injury Injured at work? 23. SIGNATURE William M. D. orgither Address // E. Chase St. Date signed / Am 3/-45		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00183

CERTIFICATE OF DEATH

00100

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Catonsville (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death? 55 yrs., 1 month, 6 days	City or town Baltimore
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Spring Grove State Hospital	Street No. 148 Mulberry Street
How long in hospital or institution? 55 yrs., 1 month, 6 days	(If rural, give LOCATION)
	2.(a) If yeteran, name war
3.(a) FULL NAME George William Engel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	
Mare wittee Strigte	20. DATE DF DEATH Jan. 29 1945, of 1:50 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
R (a) If allow glue and	
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Unknown	Immediate cause of death
8. AGE: Years Months Days If less than one day	
83 ? ?hrsmin.	1 maria
Marvland	
9. Birihplace	Due to.
1D. Usual occupation	
11. Industry or business	Due to
12. Name	Dither conditions accident
13. Birthplace	(Include pregnancy within 3 months of death)
田 14. Maiden name	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
Hognital records	Date of op.
10. IN 10149201	Antopsy results
Address Baltimore-28, Maryland	
(Burlal, cremation, or removal, Which?) Bate thereof Janu 31. 1945 (mopth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sutcide, or homicided
Cemetery or crematory Lundon Jank	Where did injury occur? (City or town) (County) (Sigte)
Location 3801 Trederick ave	Injured at home, farm, Industry public place (whose?)
18. Funeral director / M. Lus. John St. Temfel & Son	Means of injury and assure by injured of work? The limited of work?
Address 801 Tr. Hayette Str.	I was the state of the
19. (Jate ree'd by registrar) 19. (Vate ree'd by registrar) Registrar	Address D O Land D Date signed 22

information care

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PLAINLY is especial

WRITE

BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-7

CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

County Baltimore

City or town Fort Howard Siate Maryland County Reltimore (If outside city or town limits, write RURAL and give nearest town) Baltimore

How long in above place of death? 14 Days (If outside city or town limits, write RURAL and give nearest town) Hospital, institution, or street address where death occurred: Street No. 1736 Duncan St.

Vets.Adm. Facility. Ft. Howard, Md.

How long in hospital or institution? 14 Days

3. (a) FULL NAME

GORDON ERDMAN

6.(a)Single, married, widowed or divorced 4. Sax 5 Color or race

White Single Male

S.(c) Il alive give age years 7. Rirth date of

9-26-04 deceased (mo., day, yr.) Il less than one day 8. AGE:

40

9. Birthpiace Beltoe, Md. (Town, county, and state) School Board 10. Usual occupation....

12. Name. John T. Erdman.

14. Maiden name May Baird

E 15. Birthotace Balto., Md.

16 Informant Clinical Records Vets . Adm. Facility Fort Howard. Maryland

11. Industry or business

17....Burial.
(Burial, cremation, or removal, Which?) Date thereol.

(Date rec'd by registrar)

Cemetery or cremetory Baltimore National Cemetery Baltimore. Md.

18. Funeral director. Wm. Cook Funder taker St. Paul & Preston Sts.

Balto. Md.

214-01-8394

MEDICAL CERTIFICATION

(If roral, give LOCATION)

20. DATE OF DEATH January 28. 19 45 at 9:50 P N 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

January 14. 1945 to January 28, 1945

2.(a) It veteran, name war WW-2

Immediate cause of death

Carcinoma of the Stomach with metastases to abdominal lymph nodes Unknnown

TET - pericardium and crest wall

Other conditions Chr. Pul. Tuberculosis

far adv. active (Include pregnancy within 3 months of death)

Major findings of operations none

Antoney results As Above

22. VIOLENCE: ti death was due to external causes, fill in the following:

tnjured at home, farm, Industry, public place (where?) Means of injury

23 DEMATURE & J. emer

KENNEY. M.D. CLINICAM, DOF SCHOOL TOR Fort Howard, Maryland Date signed 1-29-45

and that I tast saw him affive on January 28. 1945

3. (b) Social Security Number

Date of on.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured at work?

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00185

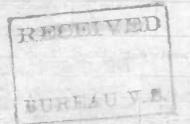
CERTIFICATE OF DEATH

Reg. Diat. No. 44

City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Vets. Adm. Fac. Fort Howard, Maryland					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
					State Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 5 Marren Road (If rural, give LOCATION)	
		titution? 91	Days		2.(a) If veteran, name war	
3. (a) FULL NAME					3. (b) Social Security N	umber
GEORGE EVANS					220-24-038	59
4. Sex	5	. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male		White	Mar	rried	2D. DATE DF DEATH January 9. 1845	8+45A
6.(b) Name of husband of wife. Lohnie Evans. 6.(c) It alive, give age. 45. years					21. I CERTIFY that death occurred on the date above stated; that I attended decease	sed from 9., 18.4.5
	no., day, yr.)		Bary 22.	1 It less than one day	Immediate cause of death	DURATION
8. AGE:	Years 54	Months 10	17	hrsmin.	Tuberculosis, chr. pul. far. adv.	27 Yrs.
10. Usual occ 11. Industry o 当 12. Name	r business Fran	nemploye k Evans	<u></u>	tate)	Due to	l Year
14. Malden name. Mamie ? 15. Birthplace Maryland					(include pregnancy within 3 months of death) Major findings of operations	
16. Informant Clinical Records, Vets. Adm. Fac. Address Fort Howard, Maryland 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)					Autopsy results	tatistically.
Cemetery or crematory Oaklawn Cemetery Baltimore Waryland					Where did injury occur?	(State)
18. Funeral director Lassahn Funeral Home					Means of tnjury Injured at work?	Tyn
Address 7401 Belair Road., Balto., Md. 18					23. SIGNATURE C.J KENNEY, M.D. CLINICALD. 19 Address Fort Howard, Maryland, Date stended.	Intercror

MARYLON STATE DEPARTMENT DESCRIPTION OF DESCRIPTION





nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	00186
should of OCC	County	Registration Dist. No.
shot of 0	Village or City & Dury Your	No. 8 1 4 St., War death occurred in a hospital or institution, give its NAME instead of street and number)
700 7	Length of residence in city or town where death occurredmos	
Every CIANS tement	2. FULL NAME Muscella war	
CORD. Every PHYSICIANS rct-statement	(a) Residence: No. 8 1 4 9 Strut 8	Reserver (Ward., O)
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
RE Exa	3. SECOLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
E E	OR DIVORCED (write the word)	Juneary 3000 198/75
MANE! ACT assifted	5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)
MA) A (A ssi	(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
BIN ERM EX cla	6. DATE OF BIRTH (month, day, and years class, 36 > 1876	I last saw h alive on the carry / 145 day his sa
R 1	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7. Am.
FOR B. IS A PE stated E properly certificate	68 7 25 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
HIS be be lof c	8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	B 1
	9. Industry or business in which	Juneno proumoria Jan 2.4
	work was done, as SILK MILL, SAW MILL, BANK, atc.	
9 1 1 1 0	10. Date dacaased last worked at this occupation (month and year)	
ARGIN RES NFADING I oplied. AGE erms, so that instructions of	SO Worth low	Othar Contributory Causes of importance:
ADII d. d. s, so ructi	12. BIRTHPLACE (city or town) (State or country)	
WARGI UNFA supplied n terms, ee instru	13. NAME COUNTY Carnell	
o thing	13. NAME COUNTY CONTROL OF THE PROPERTY OF THE	Name of operation Date of
日日で	(State of country)	What tast confirmed diagnosis? Was there an autopsymia
W W in in ant	15. MAIDEN NAME HOalie Ruyen	23. If daath was due to external causes (VIOLENCE) fill in also the following:
PLAINLY, WI should be careful OF DEATH in I	16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide?
A Live	17. INFORMANT Charles & vans.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) 8/4, J. & Sharrows O	The state of the s
IE OF IS A	18. BURIAL, CREMATION, OR REMOVED 1945	Mannar of injury
B.—WRITE mation s CAUSE TION is	riscer 1 1970	Nature of Injury
TI C M A	19. UNDERFARENGEM TO CAROL POOR (Addrass) 638. 71. Filmen	24. Was disaase or Injury in any way related to occupation of dacaased?
ž m	1/22 45- 14. 11. 11.	If so, spacity (Signad) Mul
ż	20. FILED 1. 19 Kgistrar.	(Addrass) VO 7 M. Man D. Aundalk
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore 9460

CERTIFICATE OF DEATH

	Reg. Diat. No
1. PLACE OF BEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate City or fown (If outside city or town limits, write RURAL and give nearest town) Street No. 25 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME OFM. LITTLE EVANS.	3. (b) Social Security Number
5. Color or race 6.(a) Single, married, widowed, or divorced married married	MEDICAL CERTIFICATION 20, DATE OF DEATH AWAY 1949
6,(b) Name of husband or wife Plash Evans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo. day yr.) 3. Birth date of deceased (mo. day yr.) 3. Birth date of deceased (mo. day yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace Suffell Va (Town, county, and state)	Due to. ORONARY OCCHUSION 30MIN
1D. Usual occupation	Due to
12. Name	Other conditions
14. Maiden name	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informant Place Euro	Antopsy results
Address 12 5 Ook - St / www., Sta. Wd 17 Bursal (Burial, cremation, of removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory.	Where did injury occur?
18. Funeral director. The Dilliston	Means of Injury Injured at work?
19. (Date rec'd by registrar) 18. (Date rec'd by registrar)	23. SIGNATURE THE WATER THE WATER, or other. IT Address A MARCHAN Onto Signed 1-2-45

Ree 1.145

information carefully. The correct age of death clearly and legibly.

every item of ite the causes

ADING INK. Supply ever Physicians: please write

y important.

PLAINLY s especiall

PLEASE WRITE

BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7647

Reg. Diat. No.

CERTIFICATE OF DEATH

1. PLACE OF BEATH: County City or town. Coutside city or town limits, write RURAL and give nextest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number

marriel
(i) (i)
ne C. Eversman

Days tf less than one day 8. AGE:

10. Usuat occupation

12. Name...... 13. Birthplace 14. Maiden na 15. Birthplace

Registrar

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Means of tnjury

23. SIGNATURE

A DAY OF A DAY

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long to above piaco of death? Hospital, institution, or street address where death occurred: information of death clear How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION item of i MARGIN RESERVED FOR BINDING 20. DATE OF DEATH..... 21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from 8.(b) Name of husband or wife..... 8.(c) If alive, give ageyears deceased (mo., day, yr.) If less than one day 8. AGE: 10. Usual occupation. 11. Industry or business 12. Name important. 13. Birthplaco (Include pregnancy within 3 months of death) 14. Maiden name Major findings of operations..... 15. Birthplace PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to esternal causes, fill in the following; Date thereof. (month) (day) (year) Accident, suicide, or homicide,..... (Burial, cremation, or removal, Which?) Where did injury occur?(City or town) Cemetery or cromatory Injured at home, farm, Industry, public placo (where?) Means of Injury Injured at work? 18. Funeral director SE (Date Ce'd by registrar) .Date signed.

BUREAU V.B.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00190

P814 4

 Dist	No	44

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Md - County Balls;
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war.
3.(a) FULL NAME DAVID PAUL FORED	3. (b) Social Security Number
4. Sex 5. Color orrace 6.(a) Single, married, widowed, or divorced manual	MEDICAL CERTIFICATION 20. DATE OF DEATH 19.44 01 17 No. 11
6.(b) Name of husband or wife Elizabeth Joans Tahualka 6.(c) If elive, give age 40 years 7. Birth dolf of deceased (mo., day, yr.) 200. 1 st - 1902	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 42 2 25hrsmin.	Immediate caree of death
B. Birthpleca. (Town, county, and state) 10. Usual occupation. Supp. J. Cafetteria	Oue to
11. industry or business stemm marting to 12. Name	Other conditions.
至 14. Maiden name	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations
18. Informant mis Esting Found	Autopsy results
Address middle Kron 17. (Burlal, cremation, or removal. Which?) Bate thereof, (month), (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eutcide, or homicide
Cometery or crematory Service Heart	Where did injury occur?
18. Funeral director of astern Core. Cased	Means of Injury Injured at work?
19. Jun 29 1945 J. G. Connelly Registrar	Address A Trushame V Date signed / 16 / 19

Tresulation of a Districts

REGIONVED
FEB 3 1945
BUREAU V.S.

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes

PLEASE WRITE

(Date rec'd by registrar)

NS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 131-0

00191

Hoph Date signed Jan 13,1945

CERTIFICAT	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: County Saltmore City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 28 Hars H mos. 13 days Hospital, institution, or street address when death occurred: Spring Grave State Hospital How long in hospital or Institution? 28 Heave, H mos. 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Edna France	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hende White Widowed 6.(b) Name of husband or wife John William France	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 13 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.16. to January 13.19.45.
7. Birth dafe of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 60 10 21 hrs. min. 9. Birthplace Raltimore Manyland (Town, county, and state)	and that flast saw h. Lize alive on January 13 19. 4.5. Immediate cause of death Urema 3mos. Due to Chromic Intership Nephrica under
10. Usual occupation. Housange 11. Industry or business 12. Name. Clarles L. Comagys 13. Birthplace Maryland	Oue fo. Out 1ty pertension in def.
14. Maiden name Emma K. Wharton 15. Birthplace Maryland 16. Informant String grove State Hoof Records	(Include pregnancy within 3 months of death) Major findings of operations
Address Catonselle Manyland 17. Buttal Date thereof Cat. 6. 1945 (Burial, cremation, or remoyal. Which?) Cemetery or crematory Saltemore Location Saltimore Mal 18. Fueral director Story	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Address 3Voy W. Morth ave.	SIGNATURE O CENTE Farchies M. A.

Registrar Haddres Spring grove

PLEASE.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1



CERTIFICATE OF DEATH

			•				
1. PLACE OF DEA				2. USUAL RESID	ENCE (HOME) Of	F DECEASED:	
County Ralti							
Cily or town					*	ntyBaltim	
				City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or s	treet address where	death occurre	d:			t. Balto. Md	
Vets.Adm.Fs				Sileel No	(If rural, give	LOCATION)	1.7
	nstitution?	47 Days	S	2.(a) If veteran, name	war <u>lini-I</u>	***************************************	
3. (a) FULL NAME						3. (b) Social Security	Number
WII	LIAM R.	GETTIE	2				
4. Sex	5. Color or race	6.(a)Siog	le, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Male	White	1	Married	20. DATE OF DEATH	January 11	s19.45	2:45 P.
6.(6) Hame of husband or	wifeEt	helyn (Gettier	21. I CERTIFY that dea	th occurred on the date above	e stated; that I altended deci	eased from
		6.(c) If alive, give ageyears			44 to January	
7. Sirth date of deceased (mo., day, yr.)		_91				ery 11,	
8. AGE: Years	Months	Days	If less than one day			***************************************	
53	9	21	hrs. min.			arterioslero	
			·····			rdiac hypertr	
9. Birthplace Balt	Imore, M	Cle	state)	Character and the same of the	the state of the s	and myocardia	and a
10 Hourt angulation			······································	insuffici	i.ency	***************************************	
				Due to	***************************************	. *** **** ** *** *** *** *** *** *** *	**
11. Industry or business			al co.	***************************************	***************************************		
12. NameGoor	En neger		***************************************			osclerosis	
				Hemiplegia	left residue	als of old	3.3
14. Malden name	Geor ean	n Brown	ning			***************************************	
2 15. Birthplace	Marylan	d				Date of on.	
16 Informant Clini	cal Reco	rds.Vet	s.Adm.Facility				**************************
	ort Howa					ch death should be charged	statistically.
17 Burial		Data thor	1/15/45 (month) (day) (year)		ath was due to external caus		
17. Burial (Burial, cremation, o	removal. Which?) Date there	(month) (day) (year)	Accident, suicide, or ho	omlcide	Date of	
Cemetery or crematory.	Loudou	n Park	***************************************	Where did injury occur	?(City or town)	(County)	(State)
Location	Baltim	ore, Ma	aryland			ere?)	
18. Funeral director				Means of Injury		Injured at work?	nu
	Baltimor				6.	1	/
Address				23. SIGNATURE	201en	ney	
19. (Date rec'd by regis	19	SA	. W. (adust	Coo	KEINEY, M.		
(Date rec'd by regis	trar)		Registrar	Address H. O.L.	t Howard, Mai	randDate signed.	1-11-45

STREETING LIVER DECLESION AND DESCRIPTION

PLEASE WRITE

VS A15

e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Bla)

CERTIFICATE OF DEATH

00193 Reg. Dist. No. 30

The state of the s	
1. PLACE OF DEATH: Balt	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town	State Mid County
(If outside city or town limits, write RURAL and give nearest town)	(If outside city or town limits, write RURAL and give nearest town)
How tong In above place of death? The time of the state o	1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1
Ceturalle Musing Come	Street No. 3 3 0 3 (If rural, give LOCATION)
How long to hospital or Institution? 283	2.(a) If veteran, name war
3. (a) FULL NAME	O. 3. (b) Social Security Number
hace rene	Jokey
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+ W. molow	20, DATE OF DEATH. 2-7 1945-at - a
6.(b) Name of husband or wife Charles 7 Kokey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 19
7. Birth date of	and that I last saw halive on19
deceased (mo., day, yr.) Suly 20 /870	Immediate cause of death
8. AGE: Years Months Days It less than one day	acute Carden facture
14 6 1	in. Ganguese of buttakes
Meny to City W	I Bue 10/ - la due to bed sors.
9. Birthplace (Town, sounty, and state)	· Cletis manie
10. Usual occupation House on fe	Carde Salara & Characia
	Bue to
11. Industry or business	
12. Name Ougusta Wheathy 13. Birthplace	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Mussy Day 15. Birthplace	
W 15 Birthshape	Major findings of operations.
ha Las I Post b.	Date of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 5303 tallolld, Jewach	0 +
17 Burial Rate thereof 1/29/45	22. VIOLENCE: It death was due to external capacity, fill to the following:
17	Accident, suicide, or homicide
Cemetery or cremalory Woodlawn Cem.	Where did Injury Occur? (City or town) (County) (State)
Location Woodlawn, Md.	
18. Funeral director WM . J. TICKMER & SONS	Meaos of Injury Lace on Floor Injured at work? Wo
Address Balto., Md.	My Marking Short
11 a Will benefit	23. SIGNATURE M. D. or other
19. (Date ree'd by registrar)	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00194 Reg. Diat. No. 44

CERTIFICATE OF DEATH

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
Ruth Goratsa	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married.	20. DATE OF DEATH.) anwary . 13 19 45, 21 2:03 P.
8.(b) Name of husband or wife wille and	21. I CERTIFY that death occurred on the date about stated; that I attended deceased from
Borets as . 8.(c) If allve, give age 46 years	Jaw. 1958, 10 Jaw. 15 1945.
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8 A.G.F.: Years Months Days . It less than one day	Immediate cases of dath
8. AGE: Years Months Days It less than one day	Pulmonary sessera. 2 days.
9. Birthplace Frederick . red . (Town, county, and state)	Due to Cerebral Hemorrhage 5 days
10. Usual occupation	Due to Asspertanere Cardes 7,000
11. Industry or business Own home.	O Vas cular disease.
E 12. Name Alburel Systes.	Other conditions
13. Birthplace Chaland	(Include pregnancy within 8 months of death)
14. Malden name Glade. 15. Birthplace Frederick Ml	Major findings of operations.
\$ 15. Birthplace thederick, The	Date of op.
18. Informant Willeam & orolows	Autopsy results
Address May AA PT I vand RIJ 10 - Rev 310	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 15	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, eremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location A.A.	Injured at home, farm, industry, public place (where?)
Charles 10 gr. OV	Means of Injury Injured at work?
18. Funeral director August A. P. Co. A. P. Co	Lawis & duri March
Address & G & C Murud 2011 but	23. SIGNATURE
(Date rec'd by rggistrar) Registrar	Address Sparrers P4. md . Date signed / 15/45

pic . d. U.S.
1/17/45

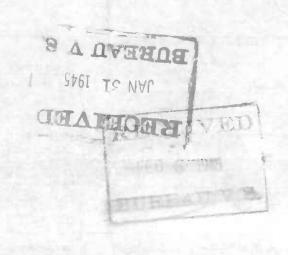
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-0

001	95	111
Reg. Dia	t. No	41

CERTIFICATE OF DEATH

	arles St., Baltimore 94-0/
CERTIFICA	ATE OF DEATH Reg. Diat. No.
punty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For The wood infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
tow long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH AND Y 19. 45 at .3 5
B,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	19 to
7. Birth date of deceased (mo., day, yr.)	and that last saw halive on
8. AGE: Years Months Days It less than one day	min. Solvary Ochision 5-107
9. Birthpleca Bultingers	Due to.
(10wn, callity, and state)	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Machael Sawieks 13. Birthplace Roland	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mollie Nowicks	Major findings of operations.
15. 8irthplace Colond.	Date of op.
18. Intermant Michael Lawicks	Autopsy results
Address 22 17 & action any	22. VIOLENCE: if death was due to external causes, fill in the following:
17 Burist Date thereof Pan. 24/45	Rate of
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, spicine, or nominises
Cemetery or crematory and Acad Many	
Location Sattanage	injured at home, farm, industry, public place (where?)
18. Funeral director of made W Ogazawski	Means of Injury Injured at work?
Address 1930 Goslem V. que	23. SIGNATURE LA ZAMM. BASTING OF STRONG
19. (Date rec'd by registrar) (Pagis	723/



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

			CERTIFICA	TE OF DEATH Reg. Diat. No.
How long in above place Hospital, institution, of the How long in hospital	903 Welling Stoneleigh Contaide city or town in the of death?	Mar mits, write Ri	ylend URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town (If ontside city or town limits, write RURAL and give nearest town) Street No. 903 Wellington Road, Stoneleigh (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAM		RY WALD	O GRANT	3. (b) Social Security Number 070-07-4589
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Married				MEDICAL CERTIFICATION 2D. DATE DE DEATH JAMES 1845 at 9-30
) If elive, give ageye	The state of the s
deceased (mo., day 8. AGE: Yea 53		1891 Days	If less than one day	Immediato canse of death DURATION Optonary Nonvokes
9. Birthplace	Sales Ma	anager	, Inc.	Due to
13. Birthplace	6	S	rant Boston wallow Boston	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Address 9	03 Welling	ton Roa	d January 20, (month) (day) (year)	Antopsy results
Location	atory (Market) William (Cook, I	ncorporated set, Baltimore	Where did injury occur?

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(Date rec'd by registrary

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Rec .d.U.S.

THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Baltimore State Maryland County Baltimore I OFT HOWARD (If outside city or town limits, write RURAL and give nearest town) City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 Days Hospital, institution, or street address where death occurred: Street No. 1408 E. Chase St., Balto., 13, Md. information caref of death clearly Vets. Adm. Facility. Ft. Howard, Maryland (If rural, give LOCATION) 2.(a) If veteran name war Indian War How long In hospital or institution?... 2. Days 3. (a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING every item of ite the causes Male Colored Married 20. DATE OF DEATH January 17, 1945 at 4:05 A. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of hasband or wife Jennie Green January 15. 19.45 to January 17. 19.45 and that I last saw him alive on January 17. write Nov. 15. 1859 deceased (mo., day, yr.) Immediate cause of death..... DURATION ADING INK. Supply Physicians: please wri If less than one day 8. AGE: HEART DISEASE 85hrs. Coronary arteriosclerosis with Unknown. Myocardial Insufficiency. 9. Birthplace Raltimore Maryland (Town, county, and state) Unemployed 10. Usual occupation..... 11. Industry or business 12. Name. Alexander Green 13. Birthplace Maryland important. (Include pregnancy within 3 months of death) 14. Maiden name Harriott Wayman 2 15. Birtholace Baltimore, Md. Date of on..... 16 Informant Clinical Records, Vets. Adm. Facility PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Fort Howard, Maryland 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) 17. Burial (Burial, cremation, or removal, Which?) Date thereof.... Accident, suicide, or homicide..... Where did injury occur?(City or town) Cametery or crematory Baltimore National Cemetery WRITE Baltimore, Maryland Injured at home, farm, Industry, public place (where?)

Means of injury

23. SIGNATURE.

Injured at work?

Howard Mary and Date signed 17-45

ASE

Address

18. Funeral director Sanders Funeral Home

1412 E. Preston St., Balto., Md ame.

Red Judles

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and logibly.

MARYLAND STATE DEPARTMENT

2411 N. Charles St., Baltimore



00198

CERTIF	ICATE	OF	DEATH

			CERTIFICA	IL OF DEA	7111	Reg. Diat. No	2
1. PLACE OF DE	Ralti	more		(For newborn i	ENCE (HOME) OF DE	CEASED:	
How long in above place Hospital, instilution, or Spring How long in hospital or	of death? 28 street address where g Grove St.	years, death occurre ate Ho	CURAL and give nearest town) 10 months, 12 dads d: spital 10 months, 12 day	Street No. Fr	Land County eltimore putside city or town limits, write ont Street (Ifrural, give LOCA) war. no.	e RURAL and give near	rest town)
3. (a) FULL NAM		min Gr	ossman		3.	(b) Social Security 1	lumber
4. Sex male	5. Color or race white		e, married, widowed, or divorced single	20. DATE OF DEATH	MEDICAL CERT		8-5°a
8.(b) Name of husband or wife				21. I CERTIFY that dea	oth occurred on the date above stat	ed; that I attended decea	sed from19
8. AGE: Years 54		Days	If less than one dayhrsmin.	Immediate cause of d	t Cardia	Lilu	DURATION
9. Birthplace				Due to	mul	a disea	
11. Industry or business 12. Name		ssman			ude pregnancy within 8 months		7
14. Maiden name 15. Birthplace	? Russia			Major findings of oper	ude pregnancy within 3 months	•••••••••••	
Cemetery or Gemato Location	man Lacil à	••••••	8, Md.	PHYSICIAN: Please a 22. VIOLENCE: If det Accident, suicide, or he Where did injury occur	underline the cause to which de ath was due to external causes, fill omicide	ath should be charged s Il in the following; Bate of (County)	(State)
19(Date rec'd by res	39 6 B	Ce	Registrar	23. SIGNATURE Address / O / O	Leeds on	M. D. or	

Registrar Address / O. O.

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Rog. Dist. No. 43		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Baltimore City or town Fullerton (If outside city or town limits, writs RURAL and give nearest town) Street No. Joppa Road (If rural, give LOCATION) 2.(a) If veteran, name war.		
Amelia J. Grunewald	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female WidoWed 8.(b) Name of husband or wife Frederick 7. Birth date of 6.(c) It allve, give age years deceased (mo., day, yr.) December 2, 1859 8. AGE: Years Months Days If less than one day 85 1 24 hrs. min. 9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Name Patent 13. Birthplace W. Va.	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that reach occurred on the date above stated; that I attended deceased from 19. 4. to 19.4. Immediate cause of death Due to Other conditions		
14. Maiden name. 15. Birthplace 16. Intermant. John H. Sandberg Address Joppa Road, Fullerton, Md. 17. burial (Buriai, cremation, or removai, Which?) Cemetery or crematory Druid Ridge Cemetery Location. Pikesville, Md. 18. Funeral director. William Cook, Inc.	(Include pregnancy within 8 months of death) Major findings of operations		
1917 St Paul Street	19/11/19		

VS A15

(Dyte rec'd by registrar)

Registrar Address

M. D. or other

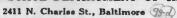
.Date signed

HARTER STATE DESCRIPTION OF STATES

De 1/18/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH



00201

CERTIFICATE OF DEATH

	() 10			
_	Dist	No	37	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Jelhamman	····· Con -0
City or town. (If ontside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 3727 Resterstorm Rd
In and make theme, willing mouth	(If rural, give LOCATION)
How long in hospital or institution?	2.(g) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
alice Climbeth Ha	rdy
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
remale White Single	20. DATE DE HEATH 200 19. 45-21 /2 3°
	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	lun 18 4 / 10 Jun 20 19 4
7. Birth date of	and that I last saw har allive on have 50 18 %.5
deceased (mo., day, yr.) Such 2 - 1872	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
72 11 18hrs.	nin. Coronary Themseria I day
9. Birthplace Taltimal	Due to
(Town, county, and atate)	Texpertuneire Curdio
10. Usual occupation. Statement of Colonial Colo	Due to John Sand Sand
11. Industry or business	
12. Name Standy Deltinge 13. Birthplace Beltinge	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary a Columnam 15. Birthplace Bultimore Myl.	
15 Stribulace 13, Ot.	Major findings of operations.
La ser Sal	Date of op.
16. Informant	Autopsy results
Address Maconic Name Cockeyent	20 VIOLENCE, It docts was due to external squage, till in the fallowing.
(Burlal, cremation, or ramoval. Which?) Date thereof (month) (day) (year)	Accident, eutcide, or homicide
4. (14-1-1	
Cemetery or crematory State of Many	Where did injury occur?
Location Bullymore 1860	trijured at home, farm, industry, public place (where?)
18. Funeral director Lio - J. Genfel	Means of Injury Injured at work?
Address 15-12 + Holling St	
	23. SIGNATURE Solumon Shuman
Jan. 22 , 45 Wilmer C. Ensor	2424 6 + 1 M. D. or other
(Date rec'd by registrar) Regist	rar Address TAT The Man Address To Ale Signed

VS A15

CERTIFICATE OF DEATH



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

002028

			OBICTITION.	ie or benin	Reg. Dist. No.
1. PLACE OF DEA	TH: Baltimor	е		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:
City or town(If ou	Parkvill utside city or town I of death?	e imits, write F	CURAL and give nearest town)	State	
-10000000000000000000000000000000000000	**************************	**************	***************************************	(If rural, giv	e LOCATION)
How long In hospital or	Institution?		***************************************	2.(a) It veteran, name war	
3. (a) FULL NAME		L	illian M.L.Har	tje	3. (b) Social Security Number
4. Sex Female	5. Color or race White		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION
T. OHISTO	WILLE	IAI	allied	20. DATE OF DEATH January 3	rd.1945 19 at 12.A.M
6.(b) Name of husband or wife William G. Hartje 6.(c) It alive, give age years					y stated: that lattended deceased from
deceased (mo., day, yr.				Immediate cause of death	OURATION
8. AGE: Years	Months	Days	It less than one day		
45	1	24	hrsmln.	Cerebral ben	romhage 15 mi
9. Birthplace	(Town,	county, and	state)	Oue to	
11. Industry or business Harmonia 12. Name Geo.F. Spangenberger Balto.Md.				Other conditions	
14. Malden name		e Ulr many	ich	(Include pregnancy within 8	
16. Interment Wm.G.Hartje 7722 Harford Road (14)				Antopsy results	chich death should he charged statistically.
Burial Oate thereof Jan. 6th. 1945 (Burial, cremation, or removal, Which?) Oak Lawn Cem.				22. VIOLENCE: It death was due to external ca	Oate of
Cemetery or crematory Balto.Md.				Where did injury occur?(City or town) Injured at home, tarm, industry, public place (t	where?)
18. Funeral director Lilip Mulip Mulip Stone Address 2024/Orleans St. Balto. 31 Md				Means of Injury 44	Injured at work?
19. (Date rec'd by reg	5- 1945	54	14. Hedre		on other m.D. M. D. or other and Nel Date signed 1/4/45

Ru 18/45

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LICE CHOOK BARGET AND THE

2411 N. Charles St., Baltimore 93-0

00203

CERTIFICATE OF DEATH

		Reg. Dist. No
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	City or town (If outside city or town Street No.) (If rural, 2.(a) If veteran, name war	County /3 alts . County /3 alts . County /3 alts . County /
Barbara Hartma		3. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 1. Indoored	MEDICAL 20. DATE DE DEATH. Fast.	L CERTIFICATION
8.(b) Name of bueband or wife	21. I CERTIFY that death occurred on the da	ate above stated; that I attended deceased from
8. AGE: 87 5 17	Miterias Clar	716 feels 293
9. Birthplace (Town, county, and etate) 10. Usual occupation. At The	Benest Grd Cl	teroselus 57.
11. Industry or business 12. Name	Due to. Differ conditions Jankinson	
14. Maiden name Unknow	(Include pregnancy with	
18. Informant Ins. Catherine Issail Address 110 S. Stewart are.	Autopsy results	
17. Burial (Burial, cremation, or removal, Which) Bate thereol (month) (day) (year)	22. VIOLENCE: If death was due to extern Accident, suicide, or homicide	Date of
Cometery or crematory. Wak racon Location Coastern Cone: Boulevard	injured at home, farm, industry, public place	own) (County) (State) ce (where?)
18. Funeral director. Jhm 5. Connelly Address 418 Eastern on Easter	Means of injury 23. SIGNATURE 23. MEANURE 23. MEANURE 23. MEANURE 23. MEANURE 24. MEANURE 25. MEANURE 26. MEANURE 27. MEANURE 28. MEANURE	Matummel
	LJ. SIDRAIUNEA	· · · · · · · · · · · · · · · · · · ·

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conis especially important. Physicians: please write the causes of death clearly and legibly. VS A15

(Date rec'd hy registrar)

MARGIN RESERVED FOR BINDING

The correct age

TO TYPE TO MERCENAL SAVE SAVIETY

CHARGATE OF DEATH

FEB 3 1945

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 184

P (1/12/14 Rog. Diat. No. 44

CERTIFICATE OF DEATH

1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Days								
			mits, write I	RURAL and give nearest town)		State Maryland county Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
					City or town			
		eet address where						
				Howard, Md.	(If rural, give LOCATION)	Street No 604 Pitcher Stag. (If rural, give LOCATION)		
		stitution?2.5	Days	***************************************	2.(a) tf veteran, name war			
3. (a) FULL	NAME				3. (b) Social Securi	ity Number		
		JOSEPH W	. HAVE	INS	216-09-03;	30		
4. Sex	5	. Color or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male		Colored	5	Single	20 DAYE DE DESTINA TO MAN E TO MAN E	0.501		
		C: mm1			2D. DATE DF DEATHJanuary. 30.,			
6.(b) Name of h	usband or	wifeOllilg.l		***************************************	January 5. 1945 to January			
7. Birth date of			B. (c) if alive, give ageyea	and that I last saw h. i.m. alive on J.B.M.L.B.T.y30.,			
deceased (mo	., day, yr.)	2-6-1	895		Immediate cause of death.			
8. AGE:	Years	Months	Days	If less than one day	Tuberculosis, chr. pul. far. adv.			
	49	11	23					
9. Sirinplace Calvert Co.s., Mds								
9. Birthplace		(Town,	county, and	state)	Due to	_		
10. Usuat occup	ation	Chauffeu	r	***************************************	Due to			
11. Industry or	usiness				Due to	*******		
					Biber conditions Peripheral Arteriosclerosi			
12. Name 13. Birthpla			•	••••••••••••••••••		N.W		
Z I I I I I I I I I I I I I I I I I I I	Ta	la Digge	c		(Include pregnancy within 3 months of death)			
14. Maiden 15. Birthpla	name	ryland		•••••••••••••••••	Major findings of operations			
≤ 15. 8irthpla	ce	ar y rand			Date of op			
16. Informant	Clini	cal Recor	ds, Ve	ts.Adm.Fecility	Autopsy results			
Address		Fort Ho	ward,	Md . 4 . 0	PHYSICIAN: Please underline the cause to which death should he charg	red statistically.		
12,	141	. 0		1999	22. VIOLENCE: If death was due to external causes, fill in the following:			
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)				(month) (day) (year)	Accident, suicide, or homicide	***************************************		
Commetery or crematory Balto Cational Censeless Location The desich Road				conal Enels	Where did injury occur?	(Ctata)		
				0 1	Injured af home, farm, industry, public place (where?)	2		
				P. OC	Means of injury industry, pugit prace (wherer)	1/9/1/9		
18. Funeral dire	ctor.	- Cran	no	Juggas	means of talant	# W		
Address / 4	163	n. Ca	rey	XtH	· collection	-		
1/	21	XT	- P	hetlos.	23 SCHATURE C. KENNEY, M.D. CLINION	D. on other CTOR		
(Dato rec'd by registrar)				Ragistro	ar Address Fort Howard, Maryland Date sign	od 1-30-45		



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For equipor) infants give residence of mother
(If outside city or twn limits, write RURAL and give nearest town)	State County action of the Cou
How long in above place of death? Hospital, Institution, or street address whore death occurred:	City or town (If outside city of sown family write RURAL and give nearest town) Sireet No. (If ryfal, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	ensekle 3. (b) Social Security Number
4. Sex 5. Color or vace 6.(a) Single/married, widowed, or divorced	MEDICAL CERTIFICATION
Themas Mitte Miden	20. DATE DF DEATH 20 6 1845- al 9.509 M
6.(b) Name of husband or wife A.S.L.	21. I CENTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hot allve on la 19.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
8/ 5 Z5hrs	Phenny Lwell
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business	Dither conditions Security
13. Birthplace Ohio	(Include pregnancy within 3 months of death)
E 14. Maiden name Musik Muhmmon	Major findings of aperations.
2 15. Birthplace Ohio	Bate of op.
16. informant March 1997	Autopsy results
Address 101 Summer Summer 119 148	22. VIOLENCE: If death was due to external causes, fill in the following;
(Borial, cremation, or removed, Whileh?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery of crematory MITO Wall	Where did injury occur?
Location Mality June 1	Injured at home, farm, industry, public place (where?)
18. Funeral director ////////////////////////////////////	Means of Injury lojured at work?
Address 12/1 St Sout of	23, SIGNATURE Paul Sally
19. (Date red dy registrar) 19 Rogistrar	Address Visi augus M. D. or oge 64

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-0



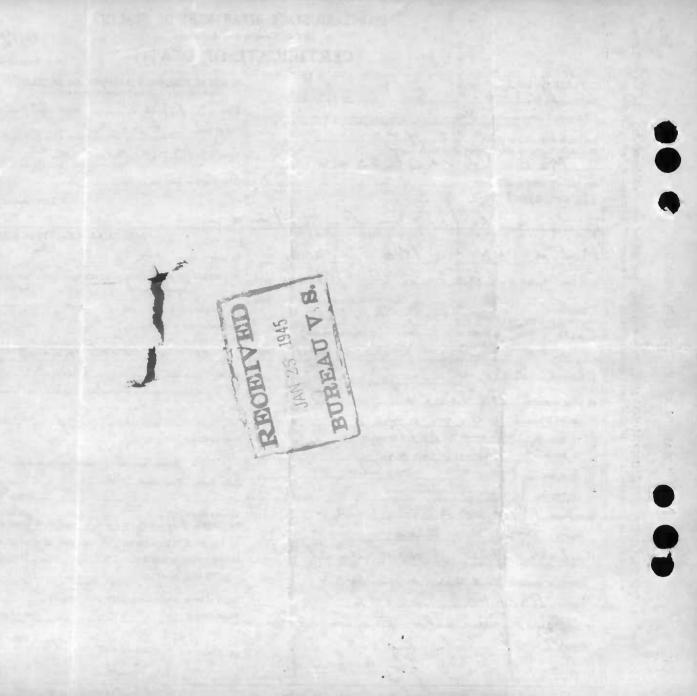
Baltinal 24, mg.

CERTIFICATE OF DEATH

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	Dist	BI.	4	4
- 1	-			

1. PLACE OF DEATH: County Balto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md. County Balto.
How long in above place of death? 757455	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Mace Ave
Mace Aye, Essex	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William A. Hilm	142
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Jan. 13 th 1945 1/2 20
6.(b) Name of husband or wife Heles E. Hilmse	21. I CERTIFY that death occurred on the date above stated; that fattended deceased from
7. Birth date of	and that I last saw harmalive on 13 19 54
deceased (mo., day, yr.) Sept. 25-4 1866	
8. AGE: Years Months Days If less than one day	Immediate cause of death
78 3 18hrsmin.	Blobal Hemorrhage 5-days
B. Birthplace Grynany	Que to.
B. Birthplace (Town, county, and state)	
10. Usual occupation	Oue to
11. Industry or business Merchant	
12. Name 12. Name 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Other conditions
13. Birthplace Grand	
14. Maiden name.	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
≥ 15. Birthplace	- Qate of op.
18. Informant My 3. W. A. H. Juer	Autopsy results
Address Mace Ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in tha following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Zion Lutheran	Where did injury occur?
p. 14. C. N.	
Location Balto Co. Me	Injured at home, farm, industry, public place (where?)
18. Funeral director Zanaharan Europa Han	Means of injury Injured at work?
Address 7401 Belair Off.	23. SIGNATURE James Flotile, M. 4.
Jan 18 WE Ston Gelanulle	M. D. or other
19. Hate read by mediates)	160/ Taxtern Heel. Bala signed 1/18/45



19. (Daty rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

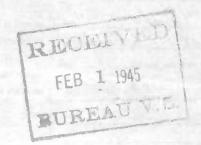
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ď.	Diat.	No.	

00208

CERTIFICAT	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, lastitution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in each ts give residence of mother) State County City or town (If outside city or town limits, writo RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jeorge 2. Hinder	3. (b) Social Security Number
4. Sex Wale S. Color of rage. 6.(a) Single, married, wildowed, or divorced Wale Mule	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace	Due to Jeografia for Orthogo - 1/m-
11. Industry or business 12. Kame So Single 13. Birthplace	Due to
14. Maiden name Combette 15. Birthplace 18. Informately Selected	Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Selfo Co. Howard 18. Funeral director Service Servic	Injured at home, farm, Industry, gublic place (where?) Means of injury Injured at work? 23. SIGNATURE

THE REPORT OF THE PARTY OF THE

CERTIFICATION PRACTI



EVIDENCE for additions on items MARYLAND STATE DEPARTMENT OF HEALTH #7 and 8 shown on Film G92. 1-23-45. LL 2411 N. Charles St., Baltimore 464 CERTIFICATE OF DEATH Reg. Diat. No. 30 refully. The con 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Balto. Md. county Baltimore Catonsville (If outside city or town limits, write RURAL and give nearest town) Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... 20 Seminole Ave. Hospital, Institution, or street address where death occurred: 20 Seminole Ave. (If rural, give LOCATION). information of death cle Now long in hospital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number None LYDIA VOGEL HORLEBEIN 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex MEDICAL CERTIFICATION item of i BINDING 45 9:30a. Jan. 13. Female White Married 6.(b) Name of husband or wife Frank C. Horlebein 21. I CERTIFY_that death occurred on the date above stated; that hattended deceased from MARGIN RESERVED FOR 7. Birth date of and that I last saw h. Jola ... alive on ... Jona Nov. 11. deceased (mo., day, yr.) Immediate cause ob death ... Days Years Months If less than one day 8. AGE: INK. 9. Birthptace Baltimore, Md. (Town, county, and state) Housewife to. Usual occupation... t1. Industry or business Vogel 12. Name... important. 13. Birthplace (Include pregnancy within 3 months of death) Major fiedings of operations..... E 15. Birthplace Mr. Edwin W. Horlebein PLAINLY, 1 is especially 16. Informant PHYSICIAN: Please poderline the cause to which death should be charged statistically. 20 Seminole Ave., Catonsville, Md. 22. VIOLENCE: If death was due to exidenal causes, fill in the following: Burial Date thereof Jan. 16, 1945 (month) (day) (year) (Burial, eremation, or removal, Which?) Accident, suicide, or homicide...... Date of Where did Injury occur? Cemetery or crematory St. Paul's Cem. WRITE (County) Injured at home, farm, Industry, public place (where?) ... Location Violetville Md. Injured at work? Means of Injury Balto. Md. 23. SIGNATURE Date signed.....

Mr. John Evens. 612 21. 40 th St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00210 35

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Haryland County City or town Baltimore (if outside city or town limits, write RURAL and give nearest town) Street No. Bellona AvE. (If rural, give LOCATION) 2.(a) If veleran, name war.
Mary A. Herrigan	J. (V) Social Security Number
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE OF DEATH 20 19 45 - 10 P
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. W. and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate enumer of death DURATION DURATION
9. Birthplace Baltinor Codnty, and State) 1D. Usual occupation None	Due to. Due to. Due to.
11. industry or business 12. Mame	Other conditions
14. Maiden name Mary C. Dunworth 15. Birthplace Ireland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informal iss Catherine A. Saunders Address 333 North Charles St. 17. Burial (Burial, cremation, or removal, Which) (Burial, cremation, or removal, Which) (month) (day) (year) Cemetery or crematory Cathedral Cemetery Location Baltimore, Md. 18. Funeral director & Wellew & Local Address 805 N. Calvert St.	Antopsy results
19. (Date ree'd byregistrar) 19. (Registrar) 19. (Registrar)	23. SIGNATURE M. D. or other Address O 1 /V . Pixwood Ove Date signed ////

WRITE PLEASE. A15 VS

MARGIN RESERVED FOR BINDING

Rec d. US.

PLEASE WRITE

19. (Date rec'd by registrar)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8

CERTIFICATE OF DEATH

00211

Reg. Dist. No....

1. PLACE OF DEATH: imore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants wive residence of mother)
County Towson, 4, Maryland	State Machilland county Truly June
City or town(If outside city or fown limits, write RURAL and give nearest town)	Calles Bank
How tong in above place of death?	(If outside ity or town limits, write RURAL and give nearest town)
Hospital, Institution, or Street address where death occurred: Towson 4, Md.	Street No. Usus willy Lane
1 - 1 - 6146	(If rural give LOCATION)
How long in hospital or institution 2 Line January 17,1943	2.(a) If veteran, name war
3. (a) FUEL NAME Lave Luber	3. (b) Social Security Number
4. Sey 5. Color or rice 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemai John married	20. DATE OF DEATH Danuars 23 1945 at 2 hours
6.(b) Name of husband or wife Auch James	21. I SERTIFY that death occurred on the date above stated; that attended deceased from
8.(c) If alive, give age 22 years	Jan 1945 10 Jak 1945
deceased (mo., day, yr.)	and that I last saw health alive on the control of
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
18 3	100 The Land 111/2
Marchand	grand was a series of the seri
9. Birthplace (Town, county and state)	Due to
18. Usuat occupation. Asusewife	Men
11, industry or business	Due to. That
	///
12, Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Ella Jagu Jind 15. Birthplace Many June	Major findings of operations Nauc
2 15. Birthplace Manyland	Date of op.
16. Informa Personal History, Hospital Recor	d Antopsy results. 200
Address Eudowood Sanatorium, Towson, Md.	PHYStCtAN: Ptease underline the cause to which death should be charged statistically.
P	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereol	Accident, suicide, or homicide
Cemetery or gramatory	Where did injury occur?(City or town) (County) (State)
location timesdale suit	Injured at home, farm, Industry, public place (where?)
(11/1) (engles Go	Means of Injury Injured at work?
18. Funeral director	(1.11. 19 11 . 1
Address rivedally fried	23. SIGNATURE MILLERUM & BRIEFILA
10 XM 73 SHS SINYAMAN TAKINGON	M. D. of there
(Date rec'd by registrar) Registrar	Address Towson, 4, Maryland Date signed 1-23-45



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles S

71.7	TATCIAT	OF	HEALIH	UUG
t	Baltimore	61		

			44
Reg.	Dist.	No	

I. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
			***************************************	State Maryland County Baltimore				
City or town	rort Howa	imits, write R	URAL and give nearest town)	Poltimore				
Now long in above place	of death? 1 D	av		City or town				
Mosnital, Institution, or	street address where	death occurred	:	Street No. 1419 E. Fayette	St.			
Vets.Adm.	Facility.	Ft. He	oward, Md.	(if rural, give l	LOCATION)	V		
How long in hospital or	r Institution?	ay						
3. (a) FULL NAM	E			3. (b) Social Security Numb				
	CHARLE	S JOHN	SON e, married, widowed, or divorced	//	PERFECTION			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced		RTIFICATION			
Male	Colored	Di	vorced	20. DATE OF DEATH January 31.				
	Div.			21. I CERTIFY that death occurred on the date about	ve stated: that I ettended dece	eased from		
				January 30, 194	5, to January	31,19.45		
T. Birth date of			c) If alive, give ageyears	and that I last saw h. i	uary 31,	19. A.5		
deceased (mo., day.		ne 1892		Immediate cause of death	***************************************	DURATION		
8. AGE: Year		Days	If less than one day	Diabetic Coma		20 Hrs.		
52	2 7		hrsmin.		************************************			
o Buthplace	Raleigh. N.		etate)	Due to Diabetes Mellitus		. Unknown		
10. Usual occupation.	Laborer		······································	Due to				
11. Industry or busines	SS .			***************************************				
Mame Wil	1 Johnson			Other conditions Stricture, ure	thra severe			
13. Birthplace	North Ca			(include pregnancy within 8 months of death)				
	Dollie Fr							
14. Malden name.	North Car		***************************************	Major findings of operations no Ope	rations	***********************		
∑ 15. Birthplace	2,01 011				Date of op	*********************		
16. InformantCJ	inical Red	cords.,	Vets. Adm. Fac.	Antepsy results	high death should be charged	atatisticaDv.		
Address Fo	ort Howard	, Maryl	and					
	1	Poto the	reol (month) (day) (year)	22. VIOLENCE: If death was due to external cau				
(Burial, cremation	n, or removal. Which			Accident, suicide, or homicide				
Cemetory or cremet	Baltim	ore Nat	ional Cemetery	Where did injury occur?(City or town)	(Consty)	(State)		
	Baltim	ore, Ma	aryland	injured at home, ferm, industry, public place (w	here?)			
				Manage of Impure	Injured at work?			
18. Funeral director								
Address	4644 Y	ork Ros	d., Balto., Md.	Reme ente	mey			
~ 1	C 41	- (0	asseril.	23. SIGNATURE C. O. KENNEY, M.	D. CLINICAL P	FREUTOR		
19. (Date regul by r	219		Registra		LDate elgned	1.2-1-45		

HTIAKH TO THINK ANTE STATE OF ALTHAU Bx-LZ-11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00214

CERTIFICATE OF DEATH

Reg. Dist. No. 4.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	State Maryland County Baltimore		
(If outside city or town limits, write RURAL and give nearest town)			
Now long in above place of death? 25 Hrs. 40 Minutes Rospital, institution, or street address where death occurred:	City or town Baltimore (if outside city or town limits, write RURAL and give nearest town)		
Vets. Adm. Fac. Ft. Howard, Md.	Street No. 1.309 Myrtle Ave.		
How long in hospital or institution? 25 Hrs. 40 Minutes	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
JAMES H. JOHNSON	o. (v) Docume December at an analysis		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Single			
	20. DATE OF DEATH		
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Jan. 20, 1945 to Jan. 21, 1945		
7. Birth date of deceased (mo., day, yr.) +374 Vely 20, 1893	Immediate cause of death OURATION		
8. AGE: Years Months Days fless that one day	Disease of Heart Unknown		
51 6 1min.	Coronary Arteriosclerosis with		
	on Myocardial Insufficiency		
9. Birthplace. Baltimore, Md. (Town, county, and state)			
10. Usual occupation. Unemployed			
11. Industry or business	Due to		
	Other conditions Uremia, acute, nephrosclerosis		
James H. Johnson 12. Name Vanes Va.			
	Diabetes, mellitus, amoutation both legs, (Include pregnancy within 3 mouths of death)		
2	Major findings of operations		
	Oate of op		
16. tnformant Clinical Records, Vets. Adm. Fac.	Actopsy results		
Address Fort Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
Burial (Barlal, cremation, or removal, Which?) Bate thereof 1-25-45 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Mt. Zion Cem	Where did injury occur?		
Location Baltimore, Co., Md.	Injured at home, tarm, industry, public place (where?)		
18. Funeral director Mrs. Frances A. Hemsley	Means of Injury Injured at work?		
ETO W Biddle St. Belto. Md.	RMG. 2-15 0		
Address 570 % Bladle 500, Ballous	23. SIGNATURE		
19 Jan. 2 4 19 t. S Strang G. Connelly Date rec'd by registrar Registrar	23. SIGHATURE C.J. KENNEY, M. D. CLINIOAD SETTLECTOR		
(Date rec'd by registrar) Registrar	Address Ft. Howard, Md. Date signed 1-23-45		

THE RESERVE OF THE PARTY OF THE

PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED

FEB 3 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 93-d

00215 38

CERTIFICAT	E OF DEATH Reg. Dist. No.		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Sireet No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME OLEgander Vones	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Walt Course 6.(b) Name of husband or wife. Prantice T 6.(c) If glive, give age years 7. Birth date of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that Laltended deceased from 19.37, to 19.45 and that I last saw h. 19.45 Immediate cause of death DURATION Certification DURATION Certification DURATION Certification August 19.45		
9. Birthplace	Due to Japanes mysers in		
12. Name Growner M. C. Tours 13. Birthplace St Wary's Go. 14. Malden name Cangellita B. Pallerson 15. Birthplace Underson 16. Informant Ali'lliam R. P. Tours	Other conditions		
Address 4630 Mason Vy - Eracy 17 Surial Date thereof 1/26/45 (Burial, crameton, second Which) (mouth) (day) (year) Cemetery on crametory Location The Control of the Contr	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Address 12/7 St. Paul St. 18. / - 23 19. 45 Gam. Bacow Registrar Registrar	23. SIGNATURE O. M. D. OF OTHER M. D. OF OTHER M. D. OF OTHER M. D. OF OTHER M. Date signed 123/4-5.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

BUREAU V & Rec 1125

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33)

	1-	U	(!	51	6	
D	Dist		7	30	3	

	Avg. 210t. 170		
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County		
How long in above place of death?	City or town Baltimore City (if outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Street No. 4219 Vermont Ave., Irvington,		
5313 Edmondson Ave.	(If rural, give LOCATION)		
How long in hospital or institution? abt. 15 months	2.(a) It veteran, name war		
3. (a) FULL NAME L'OVIGURA MELE	3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE DE DEATH 200 19 45 ot 12 %-		
6.(b) Name of husband or wife. John James Kelley	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
	10501 15+ LI 10 to 10 19 LS		
7. Birth date of	and that I last saw had alive on Joes (6 1945		
deceased (mo., day, yr.) Nov. 18, 1888	Immediate cause of death DURATION		
8. AGE: Years Mooths Days It less than one day	Lero bras HEmorshass 1 das		
56 1 22hrsmin.			
9. Birthplace Baltimore, Maryland	Due to Cesa Corse Ortenio 15		
(Town, county, and state)	, Toloron		
1D. Usual occupationNONE	Due to.		
11. industry or business NONE	000 10.		
Edward C. Yinger 13. Birthplace Frederick, Maryland	Dither conditions.		
13. Birthplace Frederick, Maryland			
	(Include pregnancy within 8 months of death)		
	Major findings of operations.		
Erederick Co., Md.			
16. Informant Mr. Walter L. Yinger - (brother)	Autopsy results.		
Address 4219 Vermont Ave., Irv., Balto.Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory. Loudon Park Cemetery			
Baltimore, Maryland	Where did injury occur?		
Location Baltimore, maryland	Injured at home, tarm, lodustry, public place (where?)		
16. Funeral director Jos. John John	Means of Injury Injured at work?		
Address / 907 Borry Gove - Balla Mill	The Market Town		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	M. D. or other 1-10-4		
(Date rec'd by registrar) Registrar	Address Date signed		

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00218

1. PLACE OF DEAT		ce	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give recidence of mother) State Maryland County		
012	Catonsy	116			
(If out	side city or town lim	its, write RURAL and give nearest town)	Baltimor	°e	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
How long in above place of	death? 4 yr	rs., 1 month, 30 days	City or town		
Hospital, Institution, or st Spring Gr	reet address where de	ath occurred:	Street No. 1308 Bea	son Street	
		es., 1 month, 30 days	(If rural, give	LOCATION)	V
How long in hospital or in	stitution?	. De g Z morrott, do days	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME				3. (b) Social Security	Number
	orge Kenn				
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	White	Single	20. DATE OF DEATH January]	1945	. 2:25 A
6.(b) Name of husband or	wife	-	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decea	esed from
			November 13	10 to January	12 19 45
7. Birth date of			and that I last saw him alive on Jar	nuary 12	19 45
deceased (mo., day, yr.) R AGE • Years	April 2:		Immediate cause of death		DURATION
0. 1102.		Days If less than one day	Right terminal by	roncho pneu-	***************************************
78	8	18min.	monia with pulmon	nary edema	72 hrs.
9. Birthplace	Baltimo	ore, Maryland	Due to Generalized arteriosclerosis Inc		Indef
1D. Usual occupation	None		Due to Adhesive pericarditis with hemopericardium with coronary		
11. Industry or business	None				
	Tomas I	Kennedy		Wildli Gol Glally	Indef.
12. Name	Ireland		Dither conditions sclerosis		THIGHT
≦ 13. Birthplace			(Include pregnancy within 8 n	nonths of death)	
14. Malden name	Maria 1	Armstrong	Major findings of operations Date of op. Autopsy results AB above PHYSICIAN: Please underline the cause to which death should be charged statistically.		
2 15. Birthplace	Ireland	d			
16. Interment	Hospita	al records			
		•••••••••••••••••••••••			
Address		ville-28, Balto.,Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burbl (Burial, cremation, or	warmownl Which?)	Date thereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Trin	to - Erma Lutharan			
Leastler 550	- AID-	1			
Location 332	1 0 200	Mar Day	Injured at home, farm, industry, public place (wh	1	
18. Funeral director	oward /	1. Blight La	Means of Injury	Injured at work?	~
Address 4-910	+ Belain	· doad	a to	tern -	1
	- 11.7	- (decke-1.	Address Catons ville, Malto28 Date signed 1/12/45		
19. (Date rec'd by regM	19				

VS A15

MARGIN RESERVED FOR BINDING

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



				Reg. Dist. No.	
City or town	Balti Cato (If outside city or town place of death?	ns vi ll Minite, write R	C URAL and give nearest town)	State Md. County Catonsville	
Nospital, Institution	on street address when	e death occurred	l:	Street No.	
Now long in hospit				(If rural, give LOCATION) 2.(a) If veteran, name war	
3. (a) FULL N.				3. (b) Social Security Number	
		n	Joanna Ker		
4. Sex	5. Color or race	6.(a)Single	Joanna Ken	MEDICAL CERTIFICATION	
F	W	V		20. DATE OF DEATH SAN 23 19 45 21 1 19 7	
6.(b) Name of hush	and or wife Will	liam	2 8 2 7 0 7 0 8 8 0 9 0 7 0 7 0 9 0 9 0 9 8 8 8 8 8 8 8 8 8 8 8 8 8 9 9 9 9	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
			e) If alive, give ageyear	19 to	
7. Birth date of deceased (mo., d		h 10.1		and that light saw half allve on 194	
	lears Months	Days	tf less than one day	Immediate range of death DURATION	
	63 10	12	hrsmin	Ballustess HSO p	
			state)	Cerelval Henry herl Comon	
11. Industry or bus		75			
H			<u></u>	Dther conditions	
		ey Md.		(Include pregnancy within 3 months of death)	
14. Maiden na 15. Birthplace	Dona		iams	Major findings of operations.	
		ey Md.			
			2	Autopsy results	
Address 715 Bartlett Ave.				22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial (Burial, eremation, or removal, Which?) Date thereof 1/25/45 (month) (day) (year)				Accident, suicide, or homicide	
Cemetery or crematory. Western				Where did injury occur?	
			ve.	Injured at home, farm, industry, public place (where?)	
18. Funeral direct	Wm.F.P	orter	***************************************	Means of tnjury tnjured at work?	
Address	2836 W.No		ge.	23. SIGNATURE SET, Cample ED	
19. (Date ree'd to	2 4 194 J y registrar)	- (2	Registra	M. D. or other	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	State County City or town FrederickSburg (If outside city or town limits, write RURAL and give nearest town) Street No		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan. 25, 19.45 of 7A - N		
B.(6) Name of husband or wife George W. Kerns 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) Aug. 6, 1861	21. I CERTIFY that death occurred on the dale above stated; that tattended deceased from 19 to 25 19.		
8. AGE: Years Months Days If less than one day	Immodiate cause of death Or Ferro Scleroes 17		
9. Birthplace Gulpepper Co., Va. (Town, county, and state) 10. Usual occupation	Oue to		
Address 211 W. 27th St. 17. Burial Date thereof (month) (day) (year) Cemetery or crematory Woodlawn Cem. Location Woodlawn, Md. 18. Funeral director WM.J. TICKNER & SONS Address Balto., Md.	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill justifie following; Accident, suicide, or homicide		

00221

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

z. Dist. No. \ 38

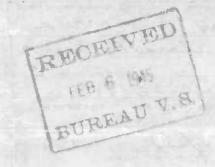
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Baltimore	(For newborn infants give residence of mother)
City or town Towson Maryland	State Maryland County
City or town. TOWSO II MARTY LATIU (If outside city or town limits, write EURAL and give nearest tow	(n) Belter to a
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death eccurred:	Street No. 814 Int. Stocky St
udowood Sanatorium, Towson 4, Md.	(If rural, give LOCATION)
How long in hospital or institution? # 42 - 6 200 - 230	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frank Patrick Kers	216-03-1762
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	460
	20. DATE OF DEATH. Jun 2 19 4 2 4 2 4 4 2 4
8.(b) Name of husband or wife Clara F. Kerr	21. I CERNYFY that death occurred on the date above stated; that I affected deceased from
	7 June 10 19 40, 10 James 19 45
7. Birth date of	J years and Wat I last saw h fra alive on fra 1945
deceased (mo., day, yr.) Dec 30, 1880	
8. AGE: Years Months Days If less than one day	Immediate cause of eath DURATION
64 3 hrs.	
9. Birthplace Marylend - Baltunou (Town, county, and state)	Due te
10. Usual occupation Fueman	
11. Industry or business	996 10
E 12. Name Causa Jeco	Dither conditions
12. Name Cdward Terr 13. Birthplace Irland	(Include pregnancy within 3 months of death)
# 14. Maiden name Catherine Skely	(Include pregnancy within 3 months of death)
	Major findings of operations
15. 81rthplace Fuland	Date et op.
18. laform Personal History, Hospital Re	ecord Rutopsy results.
Address Eudowood Sanatorium Towson 4	
Address Edition Out Sala Gol Lam 10 V Soll 1	22. VIOLENCE: tf dealh was due te external causes, fill in the following;
17. (Burial, cremation, or removal Which?) Date thereof (month) (day) (ye	
(Burial, cremation, or removal Which?) (month) (day) (ye	Accident, suicide, er hemicide
Cemetery or crematory Galle draf	Where did injury occur?
B X W.	Injured at home, farm, Industry, public place (whera?)
Location	
18. Funeral director 200 graduate Communication of the Communication of	Means of injury Injured at work?
1 2 4 1 - Tull ott	he he he had in
Addres tulto P The action	1/23. SIGNATURE NA A BULLOGIO
WALL TTY HE LENGTHAN IN	M. D. or other
(Onto rec'd by registrar)	Address Towson, Waryland Date signed
The state of the s	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



ALTERNATION OF STREET

The correct age

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 108

CERTIFICATE OF DEATH

111222 Reg. Dist. No. 35

County	VEAIN:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
		imits, write RURAL and give nearest town)	State. Md. County	
	(If outside eity or town i	limits, write RURAL and give nearest town)	Baltimore.	Md
How long in above p	place of death? n, or street address where	1 mo.	City or town Baltimore, (If outside city or town limits	, write RURAL and give nearest town)
1			Street No. 1706 N. Bond	St.
			(If rorai, give	LOCATION)
			2.(a) If veteran, name war	***************************************
3. (a) FULL NA	AME			3. (b) Social Security Number
	SFL			none
4. Sox	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
म.	W	Single		7 19 <u>4.5</u> â A.M
6.(b) Name of husba	and or wife		21. CERTIFY that death occurred on the date abov	s stated - that I attended deceased from
				S., to 12 Action of the 19.4.5.
			and that I last saw h of allies as	19. J. Co
deceased (mo., da		7, 1857	Immediate come of death	
	ears Months	Oays tf less than one day		
87	5	hrsmin.	actival Kyse	
9 Rirthniaca	Rhode (Town,	Tsland		The state of the s
o. bittipiace	(Town,	county, and state)	Oue to held held held held held held held held	
10. Usual occupation	a At	Home		
11. Industry or busin			Dus to	
		Klink		
12. Name	cermany		Other conditions	
		known	(Include pregnancy within 3 mc	onths of death)
14. Maiden nam	ne TY I	known	Major findings of operations	
			1	
16. Interment Ma	rs. Floren	ice Huether	A-4	
		ond Street	Autopsy results	h death should be charged statistically.
17 Bure	ial	Date thereof 1 - 20 - 45	22. VIOLENCE: If death was due to external cause	s, fill in the following;
(Burial, cremati	on, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide	Oate of
Cemetery or crema	atory Day	Liew Cometery	Where did Injury occur?(City or town)	
Location	rsey Cit	4 - 1	(City or town) Injured at home, farm, indostry, public place (wher	
18. Funeral director	Henry S	ander & Sons, Inc.	Means of Injury	Injured at work?
		& Broadway		0 -
Address IV C	TOIL HVO.	- III	23. SIGNATURE	Japan
(Date/red d by 1	registrar)	H. W. March	16-Pa 11	M. D. or other
1		The state of the s	AUUTES from the street with a street had better the street when the street	Date signed

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

-	1	12	
 a	9	2	

			. 1	4	ļ
er.	Dist.	No.	7	7	

County.	(For newborn infants give residence of mother)
1 1-16 10 54	State md. County Ballo!
(If outside city or town limits, write RUKAL and give nearest town)	City or town Llumdalk P. O. Sets 24
How long in above place of death?	
	Street No. 407 Cak Care:
n A Landy Landy Land	
How long la hospital or Institution?	2.(a) If veteran, name war
Leorge Washington Trum	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) lingle, married, widowed, or divorced	MEDICAL CERTIFICATION
male thite married	20. DATE OF DEATH 15 19 45 at 3 P M
B.(b) Name of husband or wise Lena Xiana	21. I GERTIFY, that death occurred on the date above stated; that I attended deceased from
	Jacky 1 1944, 10 1945
7. Birth date of	and that I last saw h malive on July 15 19 45
deceased (mo., day, yr.) Uct. 6 - 1865	Immediate cause of death Annual DURATION
8. AGE: Years Months Days If less than one day	Thumbosis !
97 3 9hrsmin	
9. Birthptace	Que to Assilisio Delevitie
Troung equity, and prove,	Cardio - Vascular Alexand
10. Usual occupation Petred	Buedo
11. Industry or business	DUC 19.
	Dither conditions
12. Name 20. Learner 213. Birthplace 2nd.	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace md.	
15. Informant mis. maryonet Kromer	Antopsy results
Address 407 Oak Core.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 18-45	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramptory Oak Lawn	Where did injury occur? (City or town) (County) (State)
l'acaderna lave:	
Location Q	Injured at home, farm, Industry, public place (where?)
18. Funeral director. John 4. Commelly	Means of Injury Injured at work?
Address of 8 Carter Con. Con	Men M Burney
1	23. SIGNATURE. M. D. or other
Date rec'd by registrar) Date rec'd by registrar) Date rec'd by registrar	1 1 197 mad HISTOR
Abate rec a by registrar)	Address Date signed

2411 N. Charles St., Baltimore (954)

	200, 200, 100, 100, 100, 100, 100, 100,
1. PLACE OF DEATH: B	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Barro	
City or town	State Md . County
low long in above place of death?	City or tewn
lospitat, institution, or streel address where death occurred:	Street No. 2319 Wilker Ave.
	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mas danse Sta	1 Culina
Sex S. Color of ace B. Color of ace and ace are accessed ace and ace a	MEDICAL CERTIFICATION 7
male to man toldan	20. DATE DF DEATH 1945 21 3
(6) Name of husband or wife Albert Kuhne	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8 (r) If all to a one one one	1919
Birth date of deceased (mo., day, yr.) March 3, 1876	and that Light saw h
AGE: Years Months Days If less than one day	Immediate cause of death
68 6 10 13hrsmin	The Transfer of the state of th
00 0 10 20	Thussian rear
. Birthplace Germany (Town, county, and atate)	Due to.
D. Usual occupation house wife	
	Duo to
11. Industry or business	
12. Name Henry Deckert	Dther conditions
13. Birthplace Germany	(Include pregnancy within 8 months of death)
14. Malden name not known 15. Birthplace Germany	Major findings of operations
15. Birthplace Germany	
6. Informant Clarence Kuhne	Autopsy results.
Address 3214 Chesterfield Ave.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, filt in the following;
Burial Bale thereof Jan 22/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Parkwood	Where did injury occur?
Taylor Ave.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Clarence F. Hoffmann	Means of Injury Injured at works
	material /1 1/2 C
Address 1639 N. Broadway	3. SLENATURE OF MOLETRY M 4
1/22 45 (Lackedon	M. D. ar other
(Date rcc'd by registrar) Registra	Address / Cleaville Date signed day

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (952)

00225~

ERTIF	CATE	OF	DEA	TH

Rog. Dist. No. 31

1. PLACE OF DEATH: Coonty			URAL and give nearest town)	2.(a) If veteran, name war	County	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL O	CERTIFICATION	
Male	White		Married	20. DATE OF DEATH Jan . 27,		9:40 Pm
6.(b) Name of busband of the following o	Ann: 7	G. Lei	c) If alive, give ageyears	21. I CERTIFY that death occurred on the date a	above stated; that I attended dec	eased from 19.45.
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		DURATION
77	9	19	hrsmln.	7		2 clay
13. Birthplace	Cemetery Frederick German	Leist Y Horn	state)	Due to	3 months of death)	5-7
			-	Autopsy results	***************************************	
Buri (Buriel, cremation, Cemetery or cremator Location	al or removal. Which?) Loudon Balto. WM. J. TI Balto., M	Park Md.	eo, Woodlawn, Md. eof 1/31/45 (month) (day) (year) Com. & SONS	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	causes, fill in the following; Date of (County) (where?) Injured at work?	(State)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

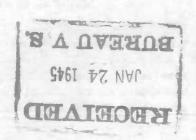
2411 N. Charles St., Baltimore 131-a.

CERTIFICATE OF DEATH

00226

		11342
Reg.	Dist.	Not 50

1. PLACE OF 1	DEATH: Baltimo	re		2. USUAL R	RESIDENCE (HC	OME) OF I	DECEASED:	
Catonsville (If outside city or town limits, write RURAL and give nearest town)		State Md. County Baltimore Catonsville			ore			
Asserted transmission			nd give nearest town)	City or town	Catons	ville	rite RURAL and give	***************************************
	, or street address where		***************************************	Circai No.			VO.	
		***************************************		STREET NO		rural, give LO		***************************************
	al or Institution?	,		2.(a) If veteran	, name war	•••••		***************************************
3. (a) FULL NA		inand Lep	pla LEPA	OLA			3. (b) Social Secur	ity Number
4. Sex	5. Color or race	6.(a)Single, married,	widowed, or divorced		MEDI	CAL CER	TIFICATION	
M	W	Marri	ed	20. DATE OF DE	_			5 , at 6. Q. M
6.(6) Name of husba	and or wife	Louisa	•••••	21. I CERTIFY II	hat death occurred on	the date above s	tated; that I attended (leceased from
			give ageyears					20 1845
7. Birth date of deceased (mo., da	ay, yr.) Augus	t 6 1880						19#5
8. AGE: Ye	64 Months	14	than one dayhrsmin.	Immediate cans	e of death		reje	DURATION 12 da
9. Birthplace	Ge	rmany county, and state)		Due to Ches	mie Cae	dis-va	rular -	
40 Barrel assumable	(Town,			sendinas. 87.				
11. Industry or bush			•••••••••••••••••••••••••••••••••••••••	Due to			•••••••	
		n Idnnla				***************************************	••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12. Kame		many			***********************		***************************************	
	Karol	vn Knecht		(Include pregnancy within 8 months of death)				
14. Maiden nam	G	ermany	***************************************				•••••••••••	
			pla				Date of op	
	00 Newbur		M.44.53				death should be char	ged statistically.
_	rial		-22-45 month) (day) (year)		: If death was due to			
								••••••
Cemetery or crem								(State)
Location			••••••••••••	1	tarm, Industry, publi	c place (where	?)	***************************************
18. Funeral director	George	A. Farley	***************************************	Means of Injury	1		Injured at work?	
Address	Caton	sville, M	d		Milmy	1. K.	9alla	acolles D.
19	Z O 19 4 3 registrar)	- 31-0	andres	11	97 vdeis			D. or other
(Dato reo'd by	registrar)	Roul	al-oral of	II Address.	100000	1. 7.	Date sign	ed 1-20-40



2411 N. Charles St., Baltimore 122-6

CERTIFICAT	TE OF DEATH Reg. Diat. No	y	
1. PLACE OF DEATH: County. Baltimore City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 days Hospital, institution, or street address where death occurred: Vets.Adm.Fac. Fort Howard, Maryland How tong in hospital or institution? 3 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Baltimore City or town Baltimore (If outside city or town limits, write RURAL end give nearest town) Street No. 714 N. Monroe St. Baltimore, Md. (If rurel, give LOCATION) 2.(a) 11 veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security	Namber	
GEORGE W. LEWIS	215-12-5728		
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white Widowed	20. BATE OF DEATH January 27 19 45	915 A M	
6.(6) Name of husband or wite	21. I CERTIFY that death occurred on the dale above stated; that t atlended decea January 1945, to January and that I last saw h im attree on January 27	2.7 19.45 18.45	
8. AGE: Years Months Days 11 less than one day 57 2 4 hrsmin.	Immediate cause of death Peritonitis, Gener- alized	3 days	
9. Birthplace Conway, S.C. (Town, county, and state) 10. Usual occupation Guard 11. Industry or business	Oue to. Intestinal Obstruction Adhesions, intra-abdominal, Post-op.	4 days unknown	
E 12. Name. Thomas Lewis 13. Birthplace South Carolina	Unclude pregnancy within 3 months of desth)		
14. Maiden came Addie Shesion 15. Birthplace South Carolina	(Include pregnancy within 3 months of death) Major findings of operations Obstruction of bowels: Deritonitis Bale of op. 1-2		
16. totormantClinical Records, Vets. Adm. Facility. Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Buriel (Burlal, cremation, or removal. Which?) Cemetery or crematory Bennettsville Location Bennettsville S.Carolina	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
18. Funeral director. Robert S.Little	Means of Injury Injured at work?		
Address 2700 Edmondson Ave. 19. (Date ree'd by/registrar) Registrar	23. SIGNATURE C. O. KENNEY, M.D. CLINICAL DI. M.D. o Address Fort Howard, Maryland Date signed	RECTOR rother 1-27-45	

VS A15

per 129/45

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.etc newlength of the

2411 N. Charles St., Baltimore 740

00228

CERTIFICATE OF DEATH

eg. Dist. No. 33

1. PLACE OF DEATH:		2 HIGHAL DESIDENCE (LICAME) OF DECEASED.		
County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or lowa	Md.	Slate Maryland County Harford		
		City or lown Forest Hill		
How long in above place of death?	6.days	City or town. Forest Hill (If outside city or town limits, write RURAL und give no	earest town)	
Rosewood State Training	School	Street No.		
How long in hospital or institution? 6 years,	months 6 da	(If rural, give LOCATION)	٧	
3, (a) FULL NAME	,	2.(a) If veteran, name war.		
		3. (b) Social Security	Number	
James Ray Lewis				
	ed, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Singl	.e	20. DATE OF DEATH January 24 19.45	18:55-1	
		21. I CERTIFY that death occurred on the dale above stated; that I allended dec		
6.(b) Name of husband or wife		October 25 1940 10 Jan. 2	4 19.45	
7. Birth dale of		and that I last saw h im alive on January 24		
deceased (mo., day, yr.) December 29,	1921	Immediate cause of death	OURATION	
0	ess than one day	Aleukemic myeloid		
23 0 22	hrs min.		Unknowr	
9. Birthplace Harford Cour	tv	Leukemia with Splenomegal	V	
(Town, county, and state)		995 (6	•	
10. Usual occupation Inmate: Rosewood		¬Due to.		
tt. Industry or business Training School	; Owings Mil	15	•••••	
Romey Lewis 12. Name Romey Lewis W. Va.		Other conditions	***	
13. Birtholoce W. Va.		OTUEL CONDITIONS	***************************************	
		(Include pregnancy within 3 months of death)	•••	
		Major findings of operations. No operation		
¥ 15. Birthplace W. Va.		Uate of op.	one	
16. Informant Institutional Reco	rds	Autopsy results Splenomegolv, Ascites	**********************	
Address Rosewood State Train	ing School	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
Russel	1 27-45	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
(Burial, cremation, or removal, Which?)	(month) (day) (year)	Accident, suicide, or homicide. None	***********************	
Cemetery or crematory Treewood		Where did injury occur?	(State)	
In Matri Da	rond Co	Injured at home, farm, Industry, public place (where?)		
Location		Means of Injury Injured at work?		
19. Funeral director				
Address Jarrellagge	2 neck ,	George Chiedary h	1. W.	
	-Warrent	23. SIGNATURE George C. Medariy, M.D.	or other	
(Dute rec'd by registrar)	Registrar	Address Owings Mills, Md. Date signed	7/01/11	



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-6)

P 11112812

	,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother)
County Jaffamin L	
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where down occurred	Street No. 1508 Mayfield live
1808 Magfiild Carland	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Emil Lotty	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	
March March Single	20. DATE OF DEATH January 3 1945, at 7:45 P
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I altended depressed from
S.(c) If alive, give ageyear	19 7 7, 10 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of deceased (mo., day, yr.) September 10.1918	and that Mart saw h. M. alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
26 4 2nrs. min.	Date Langue Wolfship 194
BH - Ould	- Wald A. Marilla
B. Birthplace (Town, county, and state)	Due to
10. Usual occupation Supervisor	
11. Industry or business Hen h; Martins.	Due to
12. Rame Emil Toschy St. 13. Birthplace Baltimore Md.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Saphil This Birthplace Sultanoce All	Major findings of operations.
\$ 15. Birthplace Dellinore Ald	2Date of op
16. Informant Mr. Crail Joseph St	Autopsy results
Address 1808 Marshield avenue	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R : 1 1 1 10 10	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Baltimore Md.	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	NI PI NP.
Address 2001 Frederick Ovenue Batts	23. SIGNATURE MASSILLETT
10 1-14 45 Caretfadeil	M. D. or other
(Date rec'd by registrar) Registrar	Address 2193 W Sulta Ty Date signed 1/14:43

(11/251)
Reg. Diat. No. 35

	TE OF DEATH Reg. Diat. No. 35
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) State
3. (a) FULL NAME Winfield ma	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9 45 ot 2:32
8. (c) Name of husband or wife 8. (c) If alive, give age 58 year 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If test than one day 76 3 24 hrs. min. 9. Birthplace (Town, eyoty, and stave) 10. Usuat occupation. 11. Industry or business 12. Name J. U. Winfield Males 13. Birthplace Unification Males 14. Maiden name Sarah Pane Males	and that I last saw h
16. Interment Mrs. Winfield males Address Whitehall males	Major findings of operations
17. Bate thereof (month) (die) (year) Cemetery or crematory Standard Parallel (Diese of the control of the con	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. Jan 30 19. 45 mrs Howard 5. Markey Registrar	23. SIGNATUR Mile Hall Ind. M. D. or other M. D. or other

RETURNS AN AMERICAN SEC. SAMES WITH LATER BUREAU V.B.

MARYLAND STATE DEPARTMENT OF HEALTH

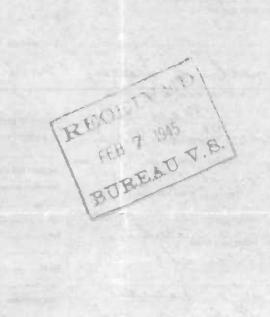
2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

Reg. Diat. No.

00231

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Now long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Emmerline Lacey	Martin 3. (0) Social Security Number		
4. Sex 5. Color or race Married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 2/ 19K5 at 150 M		
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) May 31, 1859	and that I last saw h		
8. AGE: Years Months Days If less than one day 8. A GE: Years Months Days If less than one day 8. A GE: Years Months Days If less than one day 8. A GE: Years Months Days If less than one day	Immediate cauge of death DURATION		
9. Birthplace Balts - Co. 7nd . (Town, county, and state)	Oue to Chaving Lugsbuhs		
10. Usual occupation	Oue to		
12. Name Dego C. Liacey 13. Birthplace Balio. Co. md.	Other conditions In further wellitus		
14. Maiden name martha g. Gerhan 15. Birthplace Balbo, Co. md	(Include pregnancy within 8 months of death) Major findings of operations.		
15. 8 orthplace / Dallo, Co. 14			
16. informant	Autopsy results		
Address Glencoe, ma	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory	Where did injury occur?		
Location Something the Branches	Means of Injury Injured at work?		
Address Sparles and.	a source of the France		
19. 1/24 (Dre rec'd by registrar) 19.45 anna Price Registrar	23. SIGNATURE M. D. or other Address Pulston Jul Date signed 1/21/45		



A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1712)

Reg. Dist. No.

				-
CERTIFI	CATE	OF	DEATE	Ŧ

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	3-0-		
City or town SPARAL STATE (If outside city or town limits, write leURAL and give nearest town)	2 4 2/		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No Barr Jodds Janu		
	(If rural, give LOCATION)		
How long in hospital or instilution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NORMAN MARTIN.	213-07-8138		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Mala Whate Married	20, DATE OF DEATH. JAN. 5 19.45 at 10.50 mm		
8.(6) Name of muchander wife Eother V. Martin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
e (a) lá altra altra actua	19		
7. Birth date of	and that I last saw halive on		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day	OMPOUNE TRACTURE SKULL		
50hrsmin.	FRACTURE, LETT HUMERUS		
a Birthalaca Laneas ter. Pa.	Due to		
(Town, county, and state)	Due to		
10. Usual occupation Street Worker			
11. Industry or business B2 thla-ham Steel 6.	Due to		
	Other conditions		
12. Name			
≥ 13. Birthpiace	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations		
15. Birthplace	Dale of op.		
18. Informant John Edward Kolb	Autopsy results.		
21 1 d. 104 a. A. 11 24	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	22 VIOLENCE: If death was due to external causes, fill in the following:		
17 Daie thereof. (month) (day) (year)	Accident, suicide, or homicide.		
	Where did injury occur? S.P.T. Pt. 13 ALTV - Md -		
Cemetery or cremetery - Equita			
Location White Horse, va.	Injured at home, farm, industry, public place (where?)		
41:00: and Prace Duce	Means of Injury ST RUCK BY STREET Injured at work?		
1000 84 8 0 0	ma suri ma		
Address 127 SV Faul SI	22 STGNATURE STATE CA		
18 1/5 19 Decottedan	west Nest. Med. Extension - Comment		
(Deta rec'd by registrar) Registrar	Address Baje signed		

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VS 151

VS A15

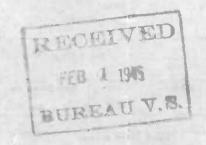
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

00234 Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Relay 27, Md. (If outside city or town limits, write RURAL and give nearest town)				State		
How long in above place of death?				(If outside city or town limits, Street No		
How long in hospital or	Institution?	5 days		2.(a) If veteran, name war		
3. (a) FULL NAM	Harry Lec	Merrym	an		3. (b) Social Security	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Malo	White	Si	ngle	20. DATE OF DEATH. Jan. 4, 194	519	9:55 A
	V-1		t) If allve, give ageyears	21. I CERTIFY that death occurred on the date above Dec. 21. 19.4. and that I last saw him	e stated; That I attended decea 4 , to Jan. 4 4	1945
8. AGE: Years	Months 11	Days	If less than one dayhrs,min.	Immediate cause of death	e Cardro-	1 24521
10. Usual occupation 11. Industry or busines	Farmer	Merrym	an	Due to Other conditions Pay Chose	Levice)	
14. Maiden name.	Mary Go Baltimore ster: Laur	rsuch	d.	(Iuclude pregnancy within 8 mc Major fiudings of eperations. Autopsy results. PHYSICIAN: Please underline the cause te whice	Date ot op.	
(Burial, eremation Cemetery or cremate Location 18. Funeral director Address	Brooks Fu	Date there	(month) (day) (year) yanan Fami ly Home	22. VIOLENCE: If death was due to external cause Accident, suicide, or horoicide	(County) Injured at work?	(State)
(Date rec'd by re	gistrar) 19.7	-1 50	sitte & ocalgistrar	Address acous 2	Tele Date signed	14445



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00235

,	11051 2:001 1101	*************	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County County	(For newborn infants give recidence of mother)		
City or town. (If or side city or town Units, write RURAL, and give negrect town)	State County County	***************************************	
(If offside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town)	
Hospital, Institution, or street address where death occurred:	inches Many Kd	wu)	
	Street No. (If rural, give LOCATION)		
How tong in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME			
Thereos L. Mich	3. (b) Social Security Num	ber	
	al none	- 1	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	74/	
F. It. married	2D. DATE DF DEATH. 20 19 45 at	# : USA	
8.(0) Name of husband or wife. I smory Michael	21. I CERTIFY that death occurred on the date above stated: that I attended deceased fi		
8.(6) Name of husband or wife	2.1 CENTIFY that death occurred on the date entires that I extended deceased in		
7. Birth date of deceased (mo., day, yr.) Sept. 7 1866	and that I last saw h	19.44.3	
8. AGE: Years Months Days If less than one day	Immediets cause of deeth	DURATION	
78 4 4min.		, -sia.	
But lite	0.75		
9. Birihplace	Due to Constitution H	-year	
n la unel.			
1D. Usual occupation	Due to	******************	
11. Industry or business			
12. Name John F- Mc Connell Y 13. Birthplage Ireland	Other conditions Astronomy !	o dan	
₹ 13. Birthplage/ Island			
E Care Fisher	(Include pregnancy within 8 months of death)		
14. Maiden name Jane Fisher 15. Birthplace Juland	Major findings of operations		
	Date of op.		
16. Interment Linny Michael	Antopsy results		
Address & Glyndon Md.	PHYSICIAN: Please underline the cause to which death should be charged statist	ically.	
12.45	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, eulcide, or homicide	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Cemetery or crematory St. Charles Constry	Where did injury occur?		
P. henrell mid.		,	
Location	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director. A. L. Mune Ams	Means of injury Injured at work?		
Address Rustustour Md.	2 998 6 3.9		
	B. SIGNATURE D. D. Caplus, M.D. or oth		
10 Jan 12 1045 Mare for Willow			
(Vate rec'd hy registrar) Registrar	Address Reinterstown pury . Date eigned !-	140	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



3/00235

CERTIFICA	TE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: County Balto. City or fown	(If outside city or town limits, write RURAL and give nearest town) Streef No. 6729 Windsor Mill Rd. (If rural, give LOCATION)	
3.(a) FULL NAME FRANK G. MICHEL, Jr.	3. (b) Social Security Number 220-09-3103	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced Male White Married 8.(b) Name of husband or wife Virginia H. Michel 8.(c) If alive, give age years 1. Birth date of deceased (mo., day, yr.) June 12. 1911	and fhat I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediato cause of death DURATION	
9. Sirthplace Balto. Md. (Town. county, and state) 10. Usual occupation Maintenance Dept. 11. Industry or business Bethlehem Fairfield Co. E	Due fo	
15. Birthplace Baltimore Co., Md.	Major findings of operations	
18. tnformant Mrs. Virginia H. Michel	Autopsy results	

MARGIN RESERVED FOR BINDING WITH UNF important. PLAINLY, V is especially WRITE

VS A15

6729 Windsor Mill Rd.

Address Burial Date thereof... (Burial, cremation, or removal, Which?)

Woodlawn Cem. Cemetery or crematory

Woodlawn, Md. WM. J. TICKNER & SONS 18. Funeral director

Balto., Md. Address

(Date rec'd by registrar)

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

Where did injury occur?

Means of injury

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Mr. Seo. S. M. Kiefer- 2470 Maskington Blod THE RESERVE OF THE PARTY OF THE Vital Committee of the A Hole August and the

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

OPPRIESONE OF DEARIN

00237

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town (17 outside city or town limits, write RURAL and give nearest town)	State County Balls
How long in above place of death?	City or town (17 outside city or town limits, write RURAL and give nearest town) Street No. 6 7 6 7 6 7 6 7 6 7 6 7 6 7 7 6 7
Now long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME Daniel Boone	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Slogle, married, widowed, or divorced Made	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE
6.(b) Name of husband or wife. Across for the state of th	21. I CERTUY that death occurred on the date above stated; that I attempted deceased from
8. AGE: Years Months Days If less than one day	and that I last saw h
9. Birthplace The (Town, county, apparate)	Due to.
10. Usual occupation. Kellied (lengineer) 11. Industry or business	Bue to
12. Name Oniller 13. Birthplace Ohio	Other conditions
14. Malden name. 2. 2. 2. 15. Birthplace Oh. 3.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	
Address 6926 Wolaberd Care.	Autopsy results
17 Trans. Date thereof Law. 29-45	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory (day) (year)	Where did injury occur?
Location Chasapeake, Chico	Injured al home, tarm, Industry, public place (where?)
18. Funeral director of the state of the sta	Means of Injury Injured at work?
Address 4/8 Gastern Coac. baggy	23. SIGNATURE Keules from M. D. or other
19. Mate ree'd by registrar) Registrar	Address 321 5 Gerstute Date signed 6/28/45

RECIEIVED
FEB 3 1945
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942



CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give readence of mother)
City or tewn. (If outside city of town limits, write RURAL and give nearest town)	State MA County Sally Fine
How long in abeve place of death?	(If outside city or town limits, write RURAL and give nearest town)
according to a state address where death occurred.	Street Ne. (1¢ rural, give LOCATION)
How long in hospital er institution?	2.(a) If veteran, oame war.
3. (a) FULL NAME Monroe	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Tunde Mas Main	20. DATE OF DEATH. 20. 25 1945 at 11:40 AM
6.(b) Name of husband or wite Audul Maria	21. I CERTIFY that death occurred on the date above stated; that attended deceased frem
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. Prelive en 24 24
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION Vesset Failure
9. Birthplace	Due to Coronay Thronbosi
10. Usual occupation	Bunda
11. Industry or business	
12. Name All Market Al	Other cenditions
E 14. Maiden name DMOGNUMA DYL	(Include pregnancy within 8 months of death) Major findings of operations.
N 15. Birthplace / 15g	Major Medings of operations. Oate of op
16. Informant Land A. M. Danson	Autopsy results
Address Victory Mille My	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Oate thereet (month) duay (year)	Accident, suicide, or homicide
Cemetery er crematory & Frilah. Dabins	Where did injury occur?
Location Parkersburg - W 40	Injured at home, tarm, industry, public place (where?)
18. Fuoeral director Addition of the Control of the	Means of Injury Injured at work?
Address 1219 Stout St	23. SIGNATURE Samel Gertinan, M.D.
19. (Date ree'd by registrar) 19. Registrar	Address 901 Forelage Re Quie signed 1/75/40

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2411

CERTIFICATE OF DEATH

(1(1231) og. Dist. No. 30

			CERTIFICAT	E OF BEATH	Reg. Diat. No	1.0
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
countyBalt				State Mary land County Baltimore		
City or town	tonsville	nita write R	URAL and give nearest town)	State Wary 18110 Coun	nty Dar or inc	314
How long to show place	at death? 3 mol	ths.	13 days	City or town Catonsville (If outside city or town limits,	male Will by and also	
Mospital, Institution, or	street address where t	oath occurred				
			tal	Street No. 315 Ingleside Ave		**************
Now loss to beented as	leathering 3 mg	onths.	13 days	2.(g) if veteran, name war		
			***************************************	2.(6) 11 veteran, namo war	***************************************	
3. (a) FULL NAME		G. Mo:	rgenweck		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Single	a, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
m	W		widowed			
	1			20. DATE OF DEATH January 2,	19.45	, at 8:40 P M
8.(b) Namo of husband	or wife Mary	V. No	rdhause	21. I CERTIFY that death occurred on the date abov	e stated; that I attended deco	ased from
				September 20, 19	44 to Jan. 2	19.45
7. Birth date of			t) It alive, givo ageyears	and that I last saw h. i.M. alive on	Jan. 2.	19 45
decoased (mo., day, ye) August	12, 1	867	Immediate cause of death		
8. AGE: Years	Months	Days	If tess than one day	Terminal pneumonia		
77	4	21	hrs. mln.		********************************	
9. Birthplace				Due to Sapticemia, undet etiology Duo to Generalized arteri	osclerosis	Indef.
12. Name Martin Morgenweck 13. Birtholace Germany				Dither conditions		
14. Malden name Adelaide Schwab Germany				(Include pregnancy within 8 m		
	mital man	onda		Antopsy results. NO		
	-			PHYSICIAN: Please underline the cause to whi	ch death should be charged	sististically.
Bus	or pimovai. Which?)		re - 28, Md. of	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	es, fill in the following;	
Location 3	elterion	ich	us.	Injured at home, farm, industry, public place (who		
Address B	elmor	131	af.	23. SIGNATURE - Far	duer.	4.20
19. (Date ree'd by reg	19. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	De p	outy docal liegistrar	Robert E. Gardne Address Baltimore - 28. M	id . Dato signed.	1/3/45

HI ALLEY TO THE DELIGIOUS STATE GRAFFSAME



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

00240

CERTIFICAT	Reg. Dist. No	
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? LO Days Hospital, inslitution, or street address where death occurred: Vets. Adm. Facility, Ft. Howard, Maryland	State Maryland County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give neal Street No. 1022 Druid Hill Ave. Balto. 1	reat town)
How long in hospitat or institution? LO Days	(If rural, give LOCATION) 2.(a) If veteran, name war	1
3. (a) FULL NAME		
THOMAS MORRELL	3. (b) Social Security 1	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male Puerto Rican Widowed	20. DATE OF DEATH. Jenuary 6, 19 45	11.45.4
6.(b) Hame of husband or wife	20. DATE OF DEATH 221. I CERTIFY that death occurred on the date above stated; that I attended decea December 22. 19.44 to Jan. 6. and that I last saw him. alive on January 6.	nsed from
8. AGE: Years Months Days If less than one day 3	Immediate cause of death	DURATION
01 1052	Heart disease, hypertension	Unknown
00000	and coronary arteriosclerosis	*************************
9. Birthplace Puerto Rica (Town. county, and state)	Due to	P92000000000000000000000000000000000000
10. Usuat occupation. General Laborer		************************
11. Industry or business Miknour	Due to	***************************************
	Other conditions Menhrosclerosis	************************
12. Name		*****************
14. Malden name	Malnutrition: Psychosis: with cerebral (1905) and other disease, incompetent	somatic
E 15. Birthplace	Date of op	
16. Informant Clinical Records, Vets. Adm. Facility Address Fort Howard, Maryland	Antopsy results	
17. (Burlif, cremation, or removal, Which?) Cemetery or crematory Location 18. Funeral directors Address Address Date thereof (month) (day) (year) Club (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, filt in the following: Accident, suicide, or homicide	(State)
19. (Date ree'd by registrar) Registrar	C.J KENNEY, M.D. CLINICAL DIS	1-6-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

	Reg. Diat. No.		
1. PLACE OF DEATH: County Dasta Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town for Control of Contr	City or town		
Hospital, institution, er street address where death occurred:	Street Ne		
How long in hospitat or institution?	2.(a) ti veteran, same war		
Janes Mar Morhis	3. (b) Social Security Number		
4. Sex 5. Color er race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION January, 12 20. DATE OF DEATH. 19. 45, 31.		
6.(b) Name of husband or wife. 5.1944. 6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from November, 5, 44 Jan. 18. 45		
7. Birth date et deceased (mo., day, yr.)			
8. AGE: Years Montha Days It less than one day	Immediate cause of death - enteritis; noninfecturally s tions a simple food what force had disting got acree		
9. Birthplace (Toy, county, and state)	Due te partalle condition		
10. Usual eccupation	Due te (Maternal Toxemia of Pregnancy))		
E 12. Name Jessel Marie	Dither conditions		
14. Malden name Lace MM Be engli 15. Birthplace Maneland	(Include pregnancy within 3 months of death) Major findings of operations.		
18. Informant Security Margaret .	Autopsy results		
17. Bate thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the fellowing; Accident, suicide, or hemicide		
Cemetery or crematory The First Control of the Cont	Where did injury eccur?		
18. Funeral director	Means of Injury D Injured at work? D		
Address 19 19 15 Registrar	23. SIGNATURE M. D. or other M. D. or other Address L. J.		

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death chearly and legibly. PLEASE VS A15

MARGIN RESERVED FOR BINDING

MARTIAND STATE DIPLETERAT OF PELLING

. .

RECEIVED
FEB 1 1945
BUREAU V.S.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

00242

CERTIFICATE OF DEATH

County Baltimore Catons ville City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 22 years, 9 months, 3 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? Catons ville 28, Md.				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	nearest town)
3. (a) FULL NAME	Georg	e S. J	. Mummert	3. (b) Social Securi	ty Number
4. Sex male	5. Color or race white		le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Jamuary 23 19.45	8:30 m
		6.	mollon Mummert (c) II alive, give age ? years	21. I CERTIFY that death occurred on the date above stated: that I attended d	eceased from 12.72.3.1945 19.45
8. AGE: Years 59	Months	Bays 14	If less than one day	Immediate cause of death	******
13. Birthplace	laborer Patter Samuel O. Pennsylv	n-make Mummer aria	r	Due to	8 hours
14. Maldeo name. Eliza Jane Jackson 15. Birthplace unknown 16. Informant Hospital records				Major fiudiugs of operations	
Address 17. Becker Community (Burial, cremation, or removal. Which?) Cemetery or crematory Location Standard Service Address 6 8 Flederick Style 19. (Date rec'd by registrar) Oate thereof Law				22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	(State)

RECEIVED FEB 1 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltlmore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Baltimore					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RURAL and give nearest town)				URAL and give nearest town)	State Maryland county Baltimore		
How long in above place of death?				:	City or town Baltimore (If outside city or town limits, write RURAL and give) Street No. 1901 E. 29th St.,		
				Maryland	(If rurai, give LOCATION)		
		itution?	4. V	ays	2.(a) It veteran, name war		
3. (a) FU					3. (b) Social Securi	ty Number	
4. Sex		VILLIAM Color or race		SON e, married, widowed, or divorced			
Male		White	100	arried	MEDICAL CERTIFICATION 20. DATE OF DEATHJanuary 9,	iat 9 : 1.5Am	
				Nelson	21. I CERTIFY that death occurred on the date above stated; that I attended do	eceased trom	
7. Birth date	ot	11-13-	3006	e) if alive, give age6.0ye	and that I last saw himative on January 9.		
8. AGE:	(mo., day, yr.) Years	Months	Cays	It less than one day	Immediate cause of death Pneumonia lobular		
	58	1	26			ULethylab	
9. Birthptac	Balt	imore)	larylan	d tate)	Due to	***************************************	
	cupation			••••••••••••••••••••••••••••••	Due to		
12. Nam 13. Birti		ob Nelso		and		ning	
14. Mai 15. Birt	den nameI	da Lucks ermany	ın	***************************************	Major fiedings of operations		
16. Informan		cal Reco		ets. Adm. Facili	PHYSICIAN: Please underline the cause to which death should be charge		
17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)							
Cemetery or crematory Baltimore National Cometery					Where did injury occur?	(State)	
Location	*******************	Baltimo	re, Mar	yland	Injured at home, farm, Industry, public place (where?)	***************************	
18. Funeral	director			al Home	Means of Injury Injured at work?	han	
Address	-	Baltimo	re, Ma	ryland	23 SIGNATURE SELECT		
19. (Date rec'd by registrar) Registrar					C.J. KENNEY, M.D. CLINICAM.	Discontinuo de 1-9-45	

EVIDENCE for changes in item 6b and addition of #3 MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (27) shwam on Film G92 1-24-45 L CERTIFICATE OF DEATH Reg. Dist. No... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death?..... (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: clearly (If rural, give LOCATION) Now long in hospital or institution? 2.(a) If veleran, name war..... death 3. (a) FULL NAME 3. (b) Social Security Number 216-05-8299 5. Cefor or race 4. Sex 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION BINDING 20. DATE DE DEATH ... 21. I CERTIFY that death occurred on the date above etated: that I attended deceased from wife19 O Dall. Estella J. FOR 7 Rirth date of deceased (mo., day, yr.) Years If lose than one day 8. AGE: MARGIN RESERVED d ADING INK. 9. Birthplace..... (Town, county, and state) 1D. Usual occupation... 11. Industry or business 12. Name...... important. (Include pregnancy within 3 months of death) 14. Malden name Major findings of operations..... 15. Birthplace Date of on. PLAINLY, vis especially 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; Date thereof (month) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?) Means of Injury injured at work? EASE Addiso 1010

BUNEAU V. B.

MARGIN RESERVED FOR BINDING

Supply every item of information carefully.

WITH UNFADING INK.

important.

PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00245

3. (b) Social Security Number

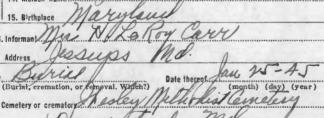
CERTIFICATE OF DEATH

	Reg. Dist. No.
County (If ootside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give rasidence of mother) State County City or town fit oveside city or twn limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war

How long in hospital or institution?	(1f : 2.(a) If veteran, name war
Mattie Jane Ourslew	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIC
F WW Wedow	20. DATE OF DEATH JAMES
B.(b) Name of husband or wife a. Fr Dursler	21. I CERTIFY that death occurred on
S.(c) If alive, give age year	0er 303
7. Birth date of deceased (mo., day, yr.) March 16-1857	and that I last saw h
8. AGE: Years Months Days If less than one day 28mlrs.	Myrearlie
9. Birthplace Nown, county, and state)	Doe to.
10. Usoal occupation. A. the selection	Due to.
11. Industry or busingss	100
12. Name Sthus New Marylaus 13. Eirhplace Marylaus	Other conditions
E. 13. pumpace Mangaceus	(Include pregnancy

MEDICAL CERTIFICATION	
DEATH Jamesty 23 1945	at 2.25 F
Y that death occurred entire date above stated; that attended decea	3 45
st saw h. 21 alive on Jan 234	1945
cause of death. Though,	2 wha
Hypertension	344.
arleriosilerosis	3yu.
	V
lons	***************************************

within 8 months of death)



	YSICIAN:									be	charged	statistical
22.	VIOLENC	E: If d	eath was d	ue to	exter	nal	causes,	fill in	the foll	owi	ng;	

Accident, suicide, or homicide.....

Injured at home, farm, industry, public place (where?) ..

Means of Injury

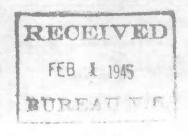
Registr

Major findings of operations.

Injured at work?

23. SIGNATURE

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 87-0

00246

CERTIFICAT	TE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County	Street No. (If rural, give LOCATION)
3.(a) FULL NAME Elizabeth Owens	3. (b) Social Security Number
4. Sex 5. Color er race 8.(a) Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION 20. DATE OF DEATHJanuary31
B.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Fobruary 14
33 10 23 hrs. min. 9. Birthplace Baltimore, Maryland (Town, county, and state) 10. Usual eccupation housewifs home	Chronic myocardial insufficiency 2 mt Due to Hereditary spastic paraplegia indef Due to
12. Name Thomas McCall 13. Birthplace Maryland 14. Maiden came Bertha Pitts 15. Birthplace Virginia 16. Informant Hospital records	Other conditions
Address 17. Bate thereof 2. 7. 45 (Buriat, cremation, or removal. Which?) Cemetery or crematory Class Will Lecation Brooklyn A. Q. Co. Ms. 18. Funeral director.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19	23. SIGNATURE ROBERT E. Gardner, M.D. M.D. or other Address. Catonsville 28, Md. Date signed 1-31-4

VS A15

MARGIN RESERVED FOR BINDING

Rec d. U.S. 8/1/45 MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



00247

CERTIFICAT	E UP DEATH Reg. Diat. No
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
alpha te. T	
4. Sex 5. Color or race Married, widowed, or divorced married, wildowed, or divorced married,	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day 52 8 6	and that I last saw h CARA alive on 19 15 19 15 19 11
9. Birthplace	Due to.
13. Birthplace Va. 14. Maiden name. Clara J. 15. Birthplace Va.	Other conditions (Incinde prognancy within 8 months of death) Major findings of operations. Date of op.
16. Interment mis. Lyda Bell Feer Address J / J mace are Essex	Autopsy results
17. Date thereof Jan. 20 - 45" (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Thursday Gonnelly Address \ 18 \ Eastern line. \ Easty	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide
19. Jan. 20 19. John J. Connelly Date rec'd by registrar) Registrar	Address Evy nul Date signed Date signed

HAME TO THEIT STATE OF STATE

RECLIVED

FEB 3 1945

BUREAU V.S.

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

0	1124	1841	
-0	114	41	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County	12 - 15
(If outside city or town limits, write RURAL and give nearest town)	State 214 A County 13 ales
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
411111111111111111111111111111111111111	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Elizabeth	Office 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION V5
The Married	
1 n , Delin	20. DATE DF DEATH 25 19 1 19 1 19 M
B.(6) Name of husband or wife Courant Ville	21. I CERTIFY theil death occurred on the date above slated; thail allended deceased from
	QLA 19. 47, 10 AMW 7 3 18. 41
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. A. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
83 5 6 mrs. min.	Mally Tolling Carais 6 10 ms.
6	Vascular Delast
9. Birthplace (Town, connty, and state)	Due to
	Covay Canson 5min
10. Usual occupation	Due 10.
11. Industry or business	
E 12. Name Delastic	Diher conditions
₹ 13. Birthpiace dermany	
14. Maiden name Dont Rust	(Include pregnancy within 3 months of death)
	Major findings of operations.
15. Birthplace	
18. Istormant Mo Mary Toc Rell	Autopsy results
Address 3289 Dundalk and	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
13 1/20/15	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accideol, suicide, or homicide
Cemelery or crematory	Where did injury occur?
3 5	(City of town) (County) (State)
Location	
18. Funeral director.	Means of Injury Injured al work?
Address 2008 Orleans St	11/0 Havi ms.
1/2011 Sometime	23. SIGNATURE. M. D. 9r other M. D. 9r other
19. (Date rec'd by registrar) Registrar	Address Muddy C. VV Wy Bate signed / 16/45



MARYLAND STATE DEPARTMENT OF HEALTH The 2411 N. Charles St., Baltimore 131-0 CERTIFICATE OF DEATH Reg. Dist. No ... 42 should carefully be supplied. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Count SALTIMORE (For newborn infants give residence of mother) County BAITIMORE ARBUTUS (If outside city or town limits, write RURAL NEAR and give town) information should carefully of death clearly and legibly. Street address, hospital, or institution: DIRCH-AVE Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) 2(a) IF VETERAN, NAME WAR 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING item _6(c) If alive, give age_ Every ite 7. Birth date of deceased (mo., day, yr.) JUNE -Henuce 8. AGE: Years Months INK. please eus seleraus MoLE, MO (Town, county, and state) ETIRED 10. Usual occupation 11. Industry or busines 13. Birthplace (Include pregnancy within 3 months of death) important PHYSICIAN Major findings: 15. Birthplace the cause to which death should be 18. Informant charged statisti-PLAINLY, especially in

WRITE |

PLEASE WRITI

Registrar

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) (County)

Means of Injury Injured at work?

Injured at home, farm, industry, public place (where?) __

(State)

RECICIVED

FEB 1 1945

BUREAU V.S.

3º Me Dermott

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

00250

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryand County
(If outside city or town limits, write RURAL and give nearest town)	100
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Eudowood Sanatorium, Towson 4, Md.	Street No. 917 Homesticas 9+
How long in hospital or institution? 4-ma - 28 days	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
Jun Pelkerton	216-18-9432
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Single	0. 7 45 6061
	20. DATE OF DEATH. 19. 41. 5.05 4 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that detended deceased from
7. Birth date of	an (that I last son b
deceased (mo., day, yr.) Jun 2 /923	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION Luly AND DURATION
22 5nrsmla.	
9. Birthplace Balls gree	Bue to.
(10 Mr. county, and Blate)	
10. Usual occupation.	Due to
11. Industry or business Stenn d. Martin	
12. Name Nows A. Pelkerton 3. Birtholace St. Mary's Ca Wd	Other conditions
13. Birthplace St. Mary's Co. Ma	(Include pregnancy within 3 months of death)
14. Malden name. Anna Bullium	Major findings of operations.
\$ 15. Birthplace Balts Ind	
Personal History Hospital Records	Autopsy results
Address Eudowood Sanatorium Towson 4, Mc	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 B - Date trans 1 10-1944	-22VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory. Linda Park	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Mary M Wedofeld	Means of Injury Injured at work?
Address [7] 7 9/2/2/ (7)	160.0.
114915 1 - 11 0	23. SIGNATURE M. D. or other
19	Address? Towson Maryland M. D. or other
	· 700010000-1

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-P)

00251

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore -	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)	state Waryland: county Harford Co.		
Now long in above place of death? O. Y.P.S. O. MOS. 5 days. Rospital, institution, or street address where death occurred: Mt. Wilson	City or town R. F. D. #2, Aberdeen (If outside city or town limits, write RURAL and give nearest town)		
Branch, Md. Tuberculosis Sanatorium	Street No		
How long to hospital or institution? O yrs., 0 mos., 5 days	2.(a) If veteran, name war		
3.(a) FULL NAME Mrs. Mary Plummer	3. (b) Social Security Number None		
4. Ses 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Married	20. DATE DF DEATH January 22 19 45 3:40 Pm		
6.(6) Name of husband or wite Albert Plummer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of	January 17, 19 45 to Jan 22, 19 45		
7. Birth date of deceased (mo., day, yr.) March 22, 1911	and that I last saw h.er alive oo January 22, 19.45		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
33 10 0hrsmin.	Pulmonary Tuberculosis 6 yrs.,		
9. Strthplace Virginia	Due to Tubercle Bacilli 10 mos.		
(lown, county, and state)	Due taLULUE.F.C.L.ED.B.C.L.L.L.		
10. Usual occupation Housewife	B. d.		
11. Industry or business	Due to		
12. Name James Barbre Virginia	Other conditions Tuberculous Empyema Unknown		
	(Include pregnancy within 3 months of death)		
E 14. Malden same Emma Jones 15. Stribplace Virginia	Major findings of operations		
16. Informant Mrs. Mary Plummer	Date of op.		
	PHYSICIAN: Please underline the cause to which death abould be charged statistically.		
Address R.F.D.#2, Aberdeen, Harford Co.	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date thereof Jan. 24, 1945 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
cemetery or crematory. Mt.s. Zion Cemetery	Where did injury occur?		
Location Belair, Harford Co., Md.			
	Injured at home, farm, lodustry, public place (where?)		
18. Fueerat clrccia Dean & Foster	means of injury injured at work?		
Address Belair, Maryland	23. SIGNATURE Stewart & Shaffer m. D		
19. Jan. 22, 19 45 Earl 7. Webster. (Date rec'd by registrar) Registraf	Address Mount Wilson, Md. Date signed 1/22/45		

FEB 6 1945 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13-8)



00252

CERTIFICATE OF DEATH

Bate signed.....

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:
	(For newborn infants give residence of mother) State Unaryland County Butte Arundel G
Cily or town. Town Maryland (If outside city or town limits, write RURAL and give nearest town)	- 1/1 . 1.
How long in above place of death? 2 mo, 25 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
Eudowood Sanatorium, Towson 4, Md.	Street No
How tong in hospital or institution? 2 mo - 25 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John Charles rulley Ox	Start Security Manager
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Sounds	
	20, DATE DE DEATH 19 45 21 10.30 P. M
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that Vattended deceased from
7. Sirth date of	Oct 20 10 / 10 fen /6 19 40.
	and that I last saw h. Am. alive on 18.45
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate causeol death DURATION
20	Calmonary 13C 2yr
	J
9. Birthplace (Town, county, and state)	Due la
10. Usual occupation. None	1
10. Usual occupation.	Due to
11. Industry or business	
12. Name John C. Pulley 13. Birthplace New Orleans La.	Other conditions
\$ 13. Birthplace New Orleans, La.	
# 14. Maiden name I da Barnes	(Include pregnancy within 3 months of death)
	Major findings of operations.
Personal History, Hospital Record	
Addr. Eudowood Sanatorium Towson 4, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Busial Date thereof Car 18/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Solver It avex	Where did injury occur?
Location Jelen Burnie and	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director . Jan 197 19 1999	
Address Munspolos, Pappy Layer N	hills redeed
Gan 18 45- THOMAN New Your	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Towson, Maryland Bate stened



00253

Rog.	Diat.	No. 44

(For newborn infants give residence of mother)	
State Dud County Dad Lo	
City or town Decembalh (Rura	01
City or town (If outside city or town limits, write RURAL and give a	nearest town)
Street Holew M. Gt. & Baltle Cr	roo Ud
On Hm Of rood, give LOCATON	1 - 7
2.(a) If veteran, name war.	1 fores
3. (b) Social Securit	y Number
MEDICAL CERTIFICATION	
	- 13
20. DATE OF DEATH. 1945	, at
21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from
and that I last saw halive on	
Immediate cause of death	DURATION
and degree burns	
2	
oue burning shook	***************************************
Dive to	****
······································	
Diher conditions	

(Include pregnancy within 3 months of death)	*****
Major findings of operations.	
Date of op	
Autepsy results	***************************************
PHYSICIAN: Please underline the canse te which death shenid be charge	d statistically.
22. VIOLENCE: If death was due to external causes, fill in the following;	
Accident, suicide, or homicide Date of	
Where did injury occur?(City or town) (County)	(State)
injured at home, farm, industry, public place (where?)	
Means of Injury Injured at work?	

34.

CHRITICATE OF DEATH

RECUIVED

FEB 3 1945

VS. A15

The

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

D-- Dis No

wek.	MI	re I	10.		
1	10	9	5	1	
1	. 11	63	0.0	Teagle	

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED: (a) State Md. (b) County Baltimore		
(a) County Baltimore			
(b) City or town Rockdale			
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)		
8007 Shelly Drive	(d) Street No. 104 Sherwood Ave.		
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 104 Offer Wood Ave.		
(e) Length of stay in this community (yrs., mos., or days) 58 year	(e) If foreign born, how long in U. S. A.?		
3 (a) FULL NAME Hannah Webb F	thodes		
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION		
No.	20. Date of death January 19 1945, at 7.45 A. M		
4. Sex 5. Color or race 6 (a) Single, married, widowed,	or 21. I certify that death occurred on the date above stated; that I attend-		
Female White divorced. Married	ed deceased from 1943, to Jan. 1944		
6 (b) Name of husband or wife Benjamin Franklin Rhoo	1 / / / / / / / / / / / / / / / / / / /		
	// 1/		
6. (c) If alive, give age 87 yea	Immediate cause of death Duration		
7. Birth date of deceased (mo., day, yr.) July 5, 1854	Chronica Myocardoles Zins		
8. AGE: Years Months Days If less than one day	Due to Changery Hersais 2405.		
90 6 14hrmi	Menary Heroses 2400		
	Due to		
9. Birthplace Philadelphia, Pa. (Town, county, and state)	Other conditions		
10. Usual occupation Housewife			
11. Industry or business	(Include pregnancy within 3 months of death)		
	Major findings: Underline the cause to which		
12. Name Mr. Webb States	death should be		
e e	Of autopsycharged statistically.		
14. Maiden NameUnknown			
15. Birthplace United States	22. If death was due to external causes, fill in the following:		
16 (a) Informant Mrs. Florence Buckman	(a) Accident, suicide, or homicide		
(b) Address 104 Sherwood Ave., Pikesville	(b) Date of occurrence		
17 (a) Burial (b) Date thereof Jan. 22,194	(c) Where did injury occur?(City or town) (County) (State)		
(Burial, cremation, or removal) / (month) (day) (yea	r) (d) Did injury occur about home, on farm, industrial place, in public		
(c) Cemetery or crementary Woodlawn Cemetery	place?While at work?		
Location Willes Lawner	(e) Means of injury		
10 (W) I directed directed and the contract of	James all the Market		
(b) Address 4510 Liberty Heights Ave.	23. Signature pue su. Mille S.		
19 (a) 1-22-45 (b) 10+22 nickels	Reisterstown Rd & Walker Ave M. D. or other		

FEB 6 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107

00255

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: Backing	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County (Corners Mills md	State maryland county Queen Unne	
City or town. (If outside city or towns imits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RUBAL and give nearest town)	
Carestool State Summing School	Street No. (If rural, give LOCATION)	
How long in hospital or institution? 1 Tups 1) no 15 days	2(a) II veteran, name war 120 -	
3.(a) FULL NAME		
John Henry Kocke	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white dingle	20. DATE OF DEATH 26 Jan 19 48 at 12 home	
Adam at had a will	21. I CERTIFY that death occurred on the date above stated; that I attended decased from	
6.(b) Name of husband or wite	15 (L. 1/5- 2/ Class HS	
7. Birth date of years	and that I last faw h im alive on 26 Jan 19 45	
deceased (mo., day, yr.) // 6 / 8 / 8 A.G.F. Years Months Days It less than one day	Immediate cause of death	
0. Aug.		
	Ormels-Trennoma 24 days	
9. Birihplace (hunch Hall Mid (Town, county, and state)	Due to Mulle Brenenchs 26 Tago	
10. Usual occupation Jumah Casewood Hali	Due 10	
11. Industry or business, freming Saport		
12. Name John me Clehry Kachester 13. Birthplace manyland	Other conditions Chrome Utrophic Withouts 20 yr	
13. Birthplace maryland	(Include pregnancy within 3 months of death)	
14. Maiden name. Ella Mure duch	Major findings of operations.	
15. Birthplace Jugryfand		
Cartiffit and Consider	Autopsy results. Zerne	
10, 1710/m211	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address I wings Mills med	22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
(Buriai, cremation, or removals Which?) Bate thereot. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Church Well Com.	Where did injury occur?	
Quesal anno Co.	Injured at home, farm, industry, public place (where?)	
Location Share I Lance	Means of Injury Injured at work?	
18. Funeral director	11 (210.	
Address Church Total find 2	23. SIGNATURE If S. Wyller m.D.	
19 Jan 28 19 45 There Tox Cutwell	M. D. or other	



	/	
V	~	a
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1	[F]	1
-	-	d.

Bureau of Vital Statistics, Baltimore

Reg.	Dist.	No. 33
		4 10

TOTI	TICA	TE	OF	DEA	TI
ERTI	FICE	AIL	Ur	DEA	

CERTIFICA	TE OF DEATH	6
1. PLACE OF DEATH: Bettingle	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(b) City or town Restriction	(a) State naryland (b) County	
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town (If outside city or town limits, write RURAL a	and give town)
mit Oleanant Sanatorum	(d) Street No. 2332 Chala ave	L'
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)	
(c) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	years
3 (a) FULL NAME Samuel Posent	ng.	
3 (b) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	10 1
No. 213 - 03 - 6932	20. Date of death 200 1943, at_	3 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or		
made White divorced manuel .	ed deceased from Ches 22 1943, 19 Jan 2	
6 (b) Name of husband or wife Peberra Chase		
AD /	and that I last saw him alive on 19.2	
Rosenberg 6. (c) If alive, give age 5 8 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) hovember / 8, 1873	The survey continues.	
8. AGE: Years Months Days If less than one day	Due to Cancer	9 mos
71 2 5 hr. min.	P 1	
	Due to O ulmmary intermerare	18 mos
	Other conditions	
(Town, pounty, and atate) 10. Usual occupation	Other Conditions	DUVCICIAN
11. Industry or business	(Include pregnancy within 3 months of death)	PHYSICIAN
12. Name William Rosemberg	Major findings: Of operations	Underline the
12. Name William Posenberg 13. Birthplace Russia		death should be
	Of autopsy	charged statisti-
14. Maiden Name Bessie Chase	20 1/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
15. Birthplace Pissaia	22. If death was due to external causes, fill in the follow	
16 (a) Informant Rebesca Gosonberg	(a) Accident, suicide, or homicide	
(b) Address \$332 Ocala afe	(b) Date of occurrence	
17 (a) Burel (b) Date thereof Jan 24,1944	(c) Where did injury occur? (City or town) (County)	
(Burial, cremation, or removal) (month) (day) (year)	(d) Did injury occur about home, on farm, industrial p	
(c) Cemetery or crematory Seth Ifush Compty	place?While at work	?
Location Western Mills It was	(e) Means of injury	
18 (a) Funeral director	aller 3 Alexai	MO
(b) Address //14-26 w Hath au	23. Signature	rother
(b) (Date rec'd by registrar) Registrar	Address Carterstown 2nd Date signed	Den. 23/14

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 8730

CERTIFICATE OF DEATH

1	1	1	1	2	5	17
(3	1		6	U	6
						1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ballimore	I ned
city or town Sparous (f.	State Mg. County Dallmore
(If patside city or town limits, write RURAL and give nearest town)	Sparrows 6 t.
How long in above place of death?	(It/entside city or town limits, write RURAL end give nearest town)
Hospital, Institution, or street address where death occurred:	Sireel No. 2013 Nitshie are
30/3 Ritchie ave	(If rural, give LOCATION)
New long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Bertha E. Rottack	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white married	20. DATE OF DEATH. Jan 26 19.45 at
Olarry W.	21. I CENTIFY that dealir occurred on the date above stated; that I attended deceased from
6.(b) Name of husbaod or wife 34 www.	Jun 26 19 75
7. Birth date of	
7. Birth date of deceased (mo., day, yr.) 7m. 24, 1876	and that I last say it. A
8. AGE: Years Months Days Itless than one day	Immediato cause of death
69 o2hrs	Junior Scar Park
	Justioner Convalsion 1200
3. Birthelace (Boston, Mass.	Due to Subdered house force 15 ye
(Town, county, and state)	
10. Usual occupation	Bue to.
11. Industry or business	
E 12. Rame	Diher conditions
13. Birthplace Hermany	(Include pregnancy within 8 months of desth)
# 14 Maiden name Bertha Weissert	
14. Malden name Bertha Weissert 15. Birthplace Germany	Major findings of operations.
2 15. Siringlace ///www.	Date of op.
18. totormant Harry W. Oranach	Autopsy results
Address 30/3 Ritchie are.	PHYSICIAN: Please noderlino the cause to which death should be charged statistically.
Address - 10 Florence copt.	22. VIOLENCE: If death was due to external causes, fill in the following;
11 Burnal Bate thereof 1-30-45 (Burlal, cremation, or removal, Whigh?) (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory & accument	Where did injury occur?
Location Baltimore Maryland	Injured at home, farm, industry, public place (where?)
18. Fuoeral director Warry H. Withte	Means of injury injured at work?
Address 41016 amond sow are.	23 SIGNATURE C.G. Wandson, U.D.
19. Jan 29- 145- D. J. Karby	Could St Calty & Mad 1.2 8.4
(If ye ree'd by registrar) Registr	ADDRESS

In Rodge Windsor 520 D. St Sp PX 77 RECEIVED FEB 3 1945 BUREAU V.E.

00258

CERTIFICATE OF DEATH

Reg. Dist. No.

	8	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)	
County.	MI B DL	
(If outside city or town limits, write RURAL and give nearest town)	State County O	
How long in above place of death?	(if outside city or town limits, write RURAL and give cearest town)	
Hoopital, institution, or street address where death occurred:	Street No. 1955 Walgut ava	
1955 Walnut ave	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Sirfere, married, widowed, or divorced	Mone	
4. Sex	MEDICAL CERTIFICATION	(36
Temale White Married	20. DATE OF DEATH. 19. 45, at 2:	30P
6.(b) Name of husband or wife Frank Scheelee	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
5-0	OCC 1 18 44, 10 Jan 18 18	45
7. Birth date of	and that I last saw halive on	45
	Immediate cause of death	TION
8. AGE: Years Months Days It less than one day	(Ketro-Peritoreal Sarrona 69	noz
63 10 13 hrsmln.		*********
8. Birthplace Languagter Co. Fa	Due to	
(Town, county, and state) 10 House accounting 7 Vous & We Ag		*********
0 - 0/1	Due to	
11. Industry or business		
12. Name Fized Strobles 13. Birthplace Grand	Dther conditions	
14. Maiden name Therine Unknown	(Include pregnancy within 8 months of death)	
15. Birthplace Garmany	Major findings nt operations.	196
18 Interment Violetta Kline	Date of op. Nov.11	J.
To, intolliant	Antopsy results	
Address 900 Eastery dur - Balto . Med.		
17 Research Date thereof 122/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Rurial eromation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	**********
Cemetery Commencer Signature Comstray	Where did injury occur?	
Location Chartmut Hill Laucuster & Pa	Injured at home, farm, industry, public place (where?)	
18. Funeral director Williams Cook Inc.	Means of Injury Injured at work?	
Address 1217 St. Paul St.	0 08	hi
Audress .	23, SIGNATURE M.D. or other	14.1
19. (Date rec'd by registrar) Registrar	1) ", - ///-	· 4.
(Date rec'd by registrar) Registrar	Address Date signed	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

00259

		0	7
Dia	N-	3	/

	Reg. Dist. No
1. PLACE OF DEATH; . County Bultimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
2 2 10 0-1	Stata County
(If outside city or town limits, write RURAL and give nearest town)	10 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2658 St. Morth are
Masoure Thomas	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Gustar Schman	fer !
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Hadower	20. DATE OF DEATH. Jan 19 75 at 2 20 P
8.(b) Hame of husband or wife Hollie Schnaufer	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 19 38 to Jan 12 19 45
7. Birth date of	and that I last saw h amalive on Jan da 19 45
deceased (mo., day, yr.) lucy 31 - 1865	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Curinae Decembersation 3 dus
79 4 12 hrsmin.	A. Control of the con
Retire Such.	One to Hakesturgine Cardia
8. Birthptace (Town, county, and state)	2000
10. Usual occupation Busher	Joseph Destates 3 450
00 00 1	Due to the total for the state of the state
11. Industry or business Our Short	Charles Local & file Shaff 3 of the
12. Name Schnünger 13. Birthplace Humany	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Bushasu Schanffer	Major findings of operations.
15. Birthplace Germany	Date of op.
70	
16. Informant A School	Autopsy results
Address Stopsenic Stone Collegent	22 VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (yeur)	
Cemetery or crematory Mondows Juckey	Where did injury occur?
Location Head	Injured at home, farm, industry, public place (where?)
4. 4 Beate 1 be	Means of Injury Injured at work?
18. Funeral director	9 0 1- 0 0 0 0 0
Address /3/2 Holling St.	23. SIGNATURE Walking Fr. Skyllman
19 Jan 4 19045 L.M Schwedel	1 & B. 110 1 M. D. or other
(Date rec'd by registrar)	Address Co. J. Didall S. Date signed 1/12/43

Registrar Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Empley on the Architecture

60		2411 N. Charles St., Baltimore 93-0
of W		CERTIFICATE OF DEATH
Corr	1. PLACE OF DEATH:	2. USUAL RESIDENCE

ontside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
State County County	••••••
(If outside city or town limits, write RUBAL and g Street No. 1820 MUT Cland	ive nearest town)
(If rural, give LOCATION)	V

How long in hospital or institution? 3. (a) FULL NAME

3. (b) Social Security Number MEDICAL CERTIFICATION

4. Sex	5.	Color or race		e, married, widowed, or divorced		
3.		w.	Widowed			
8.(b) Name of hu	sband or w	ne Jac	1	chwat		
7. Birth date of deceased (mo.,	, day, yr.)		18	75		
8. AGE:	Years 69	Months	Days	If less than one day		
9. Birthplace	Ta	Louis	, county, and	state)		
11. Industry or b	esiness					

MEDICAL CERTIFICATION	27
20. DATE OF DEATH Jan. 4 19.45	at 12 A.M
21. I CERTIFY that death occurred on the date above stated: that I attended decease Nec-26	sed from 19.45
Sec-26 1844 to Jan H and thet I last saw h. R. T. alive on 1/3/43	19
Immediate cause of death	

(Include pregnancy within 8 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town)

Injured at home, farm, industry, public place (where?) Means of Injury

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLAINLY, V is especially i WRITE PLEASE

important.

12. Name . (2000)

(Burial, cremation, or removal, Which?)

13. Birthplace

14. Malden na 15. Birthplace 14. Malden name.

16. Funerel director Addrese (Date rec'd by registrar) Registrar

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



				Z OI DENINI	Reg. Diat. No	
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:	>
County			***************************************		nother)	
City or town	Catons	ville	***************************************	State Maryland Count	ty	*************
How long in above place	e of death?		RURAL and give nearest town) 5 months, 23 days	City or town Baltimore (If ontside city or town limits,	write RURAL and give nes	rest town)
	r street address where pring Grove			Street No. 4017 NOPIO	IK Avenue	
				(If rural, give I	OCATION)	/
		ears,	5 months, 23 days	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM					3. (b) Social Security	Number
	Rose Sh	apiro				
4. Sex	5. Color or race	6.(a) Sing	ie, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White		Married			
		1		20. DATE OF DEATH January 2	19.45	,at 1:20 p. M
6.(b) Name of husband	or wife	orris	Shapiro	21. I CERTIFY that death occurred on the date above		
			c) If alive, give ageyears	August 6	l to January	29 19 45
7. Birth date of				and that I last saw hE.Talive on	anuary 29	1945
deceased (mo., day,)			.5, 1863	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Acute exacerbat		
81	4	14	hrs mln.	myocardial insu		12 days
a Billiotore	Ruseis			Due to Lobar pneumonia		***************************************
9. Birthplace	(Town,	eounty, and	state)	lobe	3+	***************************************
1D. Usual occupation	Uonoom			Harest en eige com	dioreemles	**********************
11. Industry or busines	Home			renal disease.	TO ASCATAL	Indef
11 111111111111111111111111111111111111			707	relat utsease:	***************************************	Indef.
				Dther conditions	••••••	***************************************
				(Include pregnancy within 3 mo	onths of denth)	
14. Maiden name. Jessie ? 15. Birthplace Russia				Major findings of operations.		
15. Birthplace	Russia					***************************************
	Hospit	al mad	orde	None	Bate of op	***********************
16. Informant				Autopsy results. None PHYSICIAN: Please underline the cause to which	h death should be changed	eta tiation No
Address	Baltim	ore-28	3, Maryland			Au Gallery .
17 Buna	2	Date ther	1-30. 45	22. VIOLENCE: If death was due to external cause		
(Burial, cremation,	or amoval, Which?)	-210 1110	onth) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremato	14 fortale		/ Luc	Where did injury occur?(City or town)	(County)	(State)
Location	in.	00		Injured at home, farm, industry, public place (when		
LOCATION	1			Means of Inlury	Injured at work?	
18. Funeral director.	foces	ven	wone.	means of righty	Injured at WORK!	
Address	114378	039	llo Ax	Lake Hos	for a din	774.20
1100		(/	10/1	23. SIGNATURE Hobert E. Gardne	er, M.D. M.D.	rother
19. (Days re-	19.4.5	K	The Landson	Politimono 20 M	d. Date signed	1/29/45
(Days rec a ity reg	/	/	Darley horal	Address Bal Clillor e-20, Inc	Date signed	

THE REAL OF THE REPORT OF THE PARTY AND THE

ARE TO BE ADDED

RECEIPAL 194

2411 N. Charles St., Baltimore 940



2 USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If velerae, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Shgle, married, widowed, or divorced 8.(b) Name of husband or wife			
7. 8irth date of 8.(c) If alive, give age year	and that I last saw halive on		
8. AGE: Years Months Oaya If less than one day 4 4 hrs. min 8. Birthplace (Town, county, and state)	Immediate cause of death DURATION Due to.		
10. Usual occupation	Oue to		
12. Hame	Other conditions		
14. Malden name. Silesta Weaver 15. Birthplace n. C.	(Include pregnancy within 8 months of death) Major findings of operations		
16. Informant Sister Address 7. C	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17. Servous Oate thereof (month) (day) (year)	22. VIOLENCE: If death wee due to external causea, fill in the following: Accident, suicide, or homicide		
Cometery or crematory	Injured et home, farm, Induatry, public place (where?)		
18. Funeral director John D Connelly Address 419 Costom ave Cosex 21	Meana of Injury Injured at work?		
19. / /2 / 18. 45 Alonnelly (Date rec'd by peristrar)	23. SIGNATURE STATE OF THE PORTUGE STATE Address Date signed 1.1.1.4.5		

RECEIVED

EEB 3 1945

RUHHAU V.E.

2411 N. Charles St., Baltimore

00263

CERTIFICATE OF DEATH

		Reg. Diat. No	
1. PLACE OF DEATH: Baltimor		2. USUAL RESIDENCE (HOME) OF DECEASED: (For oewborn infants give residence of mother)	
Catana	11	Manuland	
City or town(If ootside city or town limits	write RURAL and give nearest town)	Doll i mome	
How long in above place of death? 1 yr.	7 mos., 21 days	(If outside city or towo limits, write RURAL and give a	rearest town)
Hospital, institution, or street address where deat	h occurred:	Street No. 651 W. Lexington Street	
Spring Grove Stat	te Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 1 yrs	., 7 mos., 21 days	2.(a) If veteran, name war	************************
3. (a) FULL NAME		3. (b) Social Securit	y Number
Frank Skin			
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White	Divorced	20. DATE OF DEATH January 22 19 45	9:55 a
8.(b) Name of husbend or wife	2 ?	21. I CERTIFY that death occurred on the date above stated; that I attended de	
		June 1, 19 43 to January	
7. Birth date of		and thet I tast saw h. im alive on January 22	19.45
deceased (mo., day, yr.) JULY 29	Days If less than one day	Immediato cause of death	
57 5	24	Cerebral hemorrhage	
9. Birthplece Lithuan:	La nty, and state)	Due 10 Generalized artersclerotic	
(Town, econ Laborer 10. Usual occupation.	nty, and state)	cardiovascular disease	Indef.
11. industry or business Brewery		Due to	*****
F 12 Name Vincent	Skirius	Dither conditions	>****
13. Birthplace Lithuan:	ia		
至 14. Maiden name Eva ?		(Inclode pregnaccy within 3 months of death)	
14. Maiden name Eva ?	i o	Major findings of operations.	***************************************
		Date of op	
16. Informant HOSPICA	L records	Autopsy results. None	
Address Catons v.	ille, Balto28, Md.	PHYSICIAN: Please moderline the cause to which death should be charge	ed statistically.
11 13-61-01 8	Date thereof 1/26/45	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?)	(month) (daf) (year)	Accident, suicide, or homicide	
Cemetery or crematery	Chicago Sa	Where did injury occur?	(State)
Location		Injured at home, farm, indostry, public place (where?)	
51 01	Ma and	Means of Injury Injured at work?	
18. Funeral dikector		10 P 75H	
Address trepletect	Jyany a	12/00 16 Hardy	es wink
19. 1/22 19 45 (Stoff for She	Robert E. Gardner, M.D. M.I	or other
(Date rec'd by registrar)	Deputy Lore Refistrat	Address Baltimore-28, Md. Date signe	1/22/45

MARGIN RESERVED FOR BINDING

HILAGOOD FLACEURS

RECEIVED FEB 1 1945

important.

PLAINLY is especial

WRITE

PLEASE

The cleaning.

1. PLACE OF DEATH:

How long in above place of death?....

Hospital, institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-0)

CERTIFICATE OF DEATH

Address.

Reg. Dist. No. 30 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) City or town ... (If outside city or towe limits, write RURAL and give cearest town) men Street No. (If rurai, give LOCATION) 2.(a) It veteran, name war ... 3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH ... 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from and that t last saw h..... DURATION Immediate cause of death (Include pregnancy within 3 months of death Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VtOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) Injured at home, tarm, Industry, public place (where?) Injured at work? Means of Injury

How long in hospital or institution?... 3. (a) FULL NAME A. Sex 5. Color or Tage 6.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Months Days tt less than one day 8. AGE: Years 9. Birthplace ... (Towe, county, and state) 10. Usual occupation 11. industry or business 12. Name. 13. Birthalace 14. Malden na 15. Birthplace 14. Maiden name 18. totormaot Address Date thereof or removal. Which?) Cemetery or crematory (Date rec'd by registrar)

IIf outside city or town limits, write RURAL and give nearest town)



ADING INK. Supply every item of information carefully, The correct age Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 30-6

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Raltimore Fort Howard	State Maryland county Baltimore		
City or town			
Now long in above place of death?	City or town		
Vets. Adm. Facility, Ft. Howard, Maryland	Street No. 129 Hamburg Street (If rural, give LOCATION)		
How long in hospital or institution? 39 Days	2.(a) If veteran, name war WM-I		
3. (a) FULL NAME	3. (b) Social Security Number		
WILLIAM E. SPENCE	or (o) booms occurs y reader		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored MSep	20. DATE OF DEATH. January 13, 145 at 2:45 Pm		
//// Tashalla Snanca	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of hashard of wife Isabelle Spence	December 5. 19.44 to January 13. 19.45		
7. Birth date of	ears and thet t last saw balive on		
deceased (mo., day, yr.) 8-3-91	Immediate cause of death OURATION		
8. AGE: Years Months Days If less than one day	Trensverse Myelitis at level		
53 5 9hrsn	second dorsal segment 6 Weeks		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Meningo-vascular syphilis		
10. Usual occupation Bar Tender	Roads		
11. Industry or business	Due to		
到 12. Name. John Spence	Other conditions Ulcers, multiple, decubitus		
12. Name. John Spence			
	Cellulitis, perineum and scrotum (Include pregnancy within 8 months of death)		
14. Malden name Jenny Riggs 15. Birthplace Virginia	Major findings of operations NONE		
	Date of op.		
18. Informant Clinical Records, Vets. Adm. Facilit	Autopsy results		
Address Fort Howard, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide		
and to Page 14.			
Cemetery or crematory	Where did injury occur?		
Location Q Q A A A A A A A A A A A A A A A A A	injured at home, farm, industry, public place (where?)		
18. Funerat director	Means of injury injured at work?		
Address O W H amilia Llee .	erd enney VI		
1-1- 8# Quine	S. SIGNATURE CON KENNEY, M.D. CLINICIM, Dierothector		
19. (Dste rec'd by registrar) Registr	The Howard Manuford 1 13 45		

Evidence	re :	for	e ha	ang	е	of	I
cause d							on

Bureau of Vital Statistics, Baltimore (07)

D	Reg. Dis	t. No
	0.0	266

44

FILM No. G 9 4 MAY 16

FDTI	FICA	TE OF	DE	TU
	FILE		1717	

1. PLACE OF DEATH:	2. HOME (USUAL RESIDENCE) OF DECEASED:	
(a) County Middle rivver	(a) State Man (b) County Salat :	
(b) City or town		
(If outside city or town limits, write RURAL and give town) (c) Street address, hospital, or institution:	(c) City or town (If outside city or town limits, write RURAL and give to	own)
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. Bend 114 # 20 (1f rural give location)	
(e) Length of stay in this community (yrs., mos., or days)	(e) If foreign born, how long in U. S. A.?	_years
3 (a) FULL NAME aboles Stachmuski		
3 (6) If veteran, name war 3 (c) Social Security	MEDICAL CERTIFICATION	
	20. Date of death 22 1945, at 6:30 /	9 M
No.		
4. Sex 5. Color orrace 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated; that I	
Mars Popular	ed deceased from Ser 29 1944, to Jun 2 19	945.
6 (b) Name of husband or wife	and that I last saw him alive on	
6. (c) If alive, give age years	Immediate cause of death Lando Du	ration
7 Did 1 (1 1 1) Qa d 12 (2)	- Melsonoman, bronshial ew S.R. 12 ho	3420/
7. Birth date of deceased (mo., day, yr.)	Due to Muito Broushitis	
8. AGE: Years Months Days If less than one day	Due to Musi Divinus -	
11 Of the state of	Due to	
9. Birthplace Della 100.111		
(Town, county, and state)	Other conditions	
10. Usual occupation	(Include pregnancy within 3 months of death)	SICIAN
11. Industry or business	Major findings	erline the
= 12. Name and Stachowskie		to which
13. Birthplace Ballomd		should be
	Of autopsycharge cally.	d statisti-
E 14. Maiden Name lui fraction coustre		
14. Maiden Name See Prochonousha 15. Birthplace Balto MA	22. If death was due to external causes, fill in the following:	
16 (a) Informant Carrol Stacky withe	(a) Accident, suicide, or homicide	
(b) Address Pond Rd Middle Rover Md	(b) Date of occurrence	
	(c) Where did injury occur?(City or town) (County) (S	
(Burial, cremation, or removal) (Burial, cremation, or removal) (Burial, cremation, or removal)	(County) (S) (d) Did injury occur about home, on farm, industrial place, in	tate)
(c) Cemetery or crematory June Bears of Many	(a) Did injury occur about nome, on farm, industrial place, in	Dublic
Location Bally Co.	place?While at work?	
	(e) Means of injury	
	You Barren of I.	
(b) Address 1117 Laskens english 1.3/45	23. Signature 1/- Dumy ymanic	
19 (a) 1/3/45 (b) A.W. Hedrich (Date rec'd by registrar)	Address Sulfa Date signed / 2	101-
(Date rec u by registrar) Registrar 1	Hodgress / W///// by Date eroned / /ch/	Total Service

2411 N. Charles St., Baltimore (3)-6)



CERTIFICATE OF DEATH

00267

Reg. Dist. No.

City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	City or town Af outside city or town limit. Street No. (1f rural, give	metric RURAL and give nearest town)
3. (a) FULL NAME	2.(a) If veteran, name war	
Quia Stein		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
F To married	20. DATE OF DEATH.	20
B. (b) Name of husband or wite Leonhard Stein	21. I CERTIFY that death occurred on the date abo	
		15t 10 Som 13 1943
7. Birth date of	end that last saw h. A	18 4 5
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death	/
74. 5 25	Chronic Tresh	ritio
9. Birthplace Germany	Due to	100001000000111111111111111111111111111
9. Sirthplace (Town, conny, and state)	PW 10	
10. Usual occupation.	Oue to.	
11. Industry or business	000 (0	•••••••••••••••••••••••••••••••••••••••
12. Name transchulz	Other conditions	
13. Birthplaco Les Junas		
14. Malden name I the Missister	(Include pregnancy within 8 n	
El 15. Birthglage Larun ann		
18. Informan Conhard I Stein.		
Adjess Luyen Pak Sta Ballo 7	Autopsy results	
1d -1-11-	22. VIOLENCE: It death was due to external cause	
(Burial, cremation, or removal. Which?) (month) (day (vear)	Accident, suicide, or homicide	
Cemetery or erematory Landson Competery	Where did injury occur?(City or town)	(County) (State)
Location aylor are Salumn	injured at home, farm, industry, public place (wh	ere?)
18. Funoral director trank thereof	Means of Injury	Injured at work?
Address pesselle med	23. SIGNATURE 2.	Martin
18. (Daterec'd by registrar) 194/5 W. S. Alfarthus Registrar	Address Pandallatour	M. D. or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

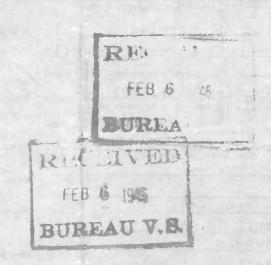
CERTIFICATE OF DEATH

00268

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Th-2.2	state Maryland county Baltimore		
(If outside city or town limits, write RURAL and give nearest town)	City or town Fullerton (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Hospital, Institution, or street address where death occurred:	Streef No. Belair Road & Gunpowder Falls		
How long in hospital or institution?	2.(a) If veferan, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John Stricklin			
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH Jan. 28th. 1945 19 19 19 19 19 19 19 19 19 19 19 19 19		
6.(b) Namo of husband or wife Grace Rebeccah Stricklin	21. I CERTIFY that death occurred on the date above stated; that Vattended deceased from		
7. Birth date of	and that I last saw harmalive on 10.		
deceased (mo., day, yr.) January 25th. 1871	Impediate cause of death		
8. AGE: Years Months Days If less than one day	Costonary sursulasis 4de		
73 0 3nin.			
8. Birthplace Carroll Co. Maryland (Town, county, and state)	Due to Corole		
10. Usual occupation Truck Farmer	Then December 17		
11. Industry or business	Due fo		
	Other conditions		
John Stricklin 13. Birthplace Carroll Co. Maryland			
Elizabeth 14. Maiden name. Elizabeth 15. Birthplace Carroll Co. Maryland	(Include pregnancy within 8 months of death)		
15. Birthplace Carroll Co. Maryland	Major findings of operations. Date of Op.		
Manua Talana Chandalal dan	Autopsy results.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Fullerton, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
17. Burial Date thereof Jan. 31st. 1945 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Perry Hall Methodist	Where did Injury occur?		
Location Fullerton Waryland	Injured et home, farm, industry, public place (where?)		
18. Funcal direct Soft Son Times Home	Means of Injury Injured at work?		
Address 7401 Belahr Road	cexton of Ludson un		
1/20/11- HANNIGORNATT	M.D. or other		

Registrar Address.....



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 937

CERTIFICATE OF DEATH

1. PLACE OF					2. USUAL RESIDENCE (HOME (For newborn infants give residence) OF DECEASED:	
County. Baltimore City or town. Catonsville. (If outside elty or town limits, write RURAL and give nesrest town)					Slate Md. County Baltimore		
City or town	(If outsi	de eity or town l	imits, write F	RURAL and give nesrest town)			
				rs	City or town Cavonsyille (If outside city or town is		
Hospilal, Institution					Sireet No. 17 Beaumo	ont Ave.	
		L		***************************************		give LOCATION)	
3. (a) FULL N.		TITUTION 7	***************		2.(a) If veleran, name war		
3. (a) FULL N.	AME			John Nelson Stue	rt	3. (b) Social Security	
	1.5	Color or race	1 6 /-1811	e, married, widowed, or divorced		219-22-7	7278
4. Sex	3.		111111111111111111111111111111111111111		MEDICAL	CERTIFICATION	
Male		White		Married	20. DATE OF DEATH January 2	1945	, at 7 A.e.
R (b) Name of huel	hand or w	Jenn	ie C.	***************************************	21. I CERTIFY that death occurred on the date		
				e) If alive, give ageyears	December 5		
7. Birth dale of		\$ ***** * * * * * * * * * * * * * * * *		nary 18, 1868	and that I last saw halive on		19 45
deceased (mo., s	day, yr.) Years	l Months	l Days	I If less than one day	Immediate cause of death		DURATION
8. AGE:	76	11	2		Myocarditis D	egenerative	
	70	11		min.	1 Senile		***************************************
9. Birthplace	Bal	Lto. Co.	eounty, and	tate)	Due to Anterio Sche	rpsi's -	2 year
				••••••	•	•••••••••••••	
11. Industry or bus		À.	hols Co		Due to		***************************************
	-			J.	••••••••••••••••••••••••••••••••		
12. name		.a.v.1u	Md.	***************************************	Dther conditions		
		n .			(Include pregnancy within	n 3 months of death)	
14. Malden na 15. Birthplace	2me		1Pheli	S	Major findings of operations	***************************************	
₹ 15. Birthplace		Md.				Date of op	
16. Informant	Mr	Jenni	e C S	tuart	Antopsy results.		• • • • • • • • • • • • • • • • • • • •
Address		Beaumo			PHYSICIAN: Please underline the cause to	which death abould be charged	statisticaDy.
					22. VIOLENCE: If death was due to external		
17. Burial, erema	ition, or	removal, Which?	Date there	1/23/45 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or cre	malory	Green	mount		Where did injury cccur?(City or tow	(Connty)	(State)
Location		Gree	nmount	Ave	Injured at home, farm, industry, public place		
					Means of Injury	Injured at work?	
18. Funeral direct	or			ckner & Sons	0 01	00	
Address		North	& Pa	Avgs)	23. SIGNATURE At Sons	e Johnson	
40	11-	0 10 1615	1	Shelen	1 -1 900	//	or other
19. (Date rec'd b	y registr	ar)		Resistrar	Address Dylonsville	I mel Dale signed.	1-2D-45

Dr. Lloyd Johnson 610 Frederick Ave.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 80-8)

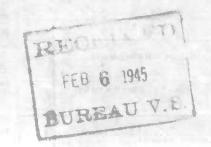
00270

CERTIFICATE OF DEATH

			-
			11.1
Dan	Dist	NI.	41
veek.	Diet.	140.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothor)
County Salto	5 11
City or town	State County Salata
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
noopies, montaining of critical activities and countries.	Street No. 2960 Jose May
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	
Frances a Si	3. (b) Social Security Number
4. Sex 5. Color or race b.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Tenale White Single	20. DATE OF DEATH. Q.C. Q.G. 19 43- 31 6 . Q.
0 (h) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	194010 Jan 16 1945
7. Birth date of	11: 10 = 1
deceased (mo., day, yr.) March 142 1936	
8. AGE: Years Months Days If less than ooe day	Immediato cause of death DURATION
8 10 12 hrs. min.	Jan Cly Kalles
n	
9. Birthplace (Town, county, and state)	Doctor of the second of the se
	(or entry herety / mental refre
10. Usual occupation	Due to.
11. Industry or business Chocal	
12. Name Substitution Substitution 13. Birthplace	Other conditions
13. Birthplace	
14. Malden name Lin Gille Gerrell	(Include pregnancy within 3 months of desth)
10	Major findings of aperatians
≥ 15. Birthplace	
18. Informant Laborator to Dan Laborator Challet Gulder	Autopsy results
Address 2960 Gorleman.	PHYSICIAN: Please underline the cause to which death ahould be charged statistically.
Dan 11 1 1 22 1 1	22. VIOLENCE: If death was due to external caoses, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accidenf, suicide, or homicide
Cemetery or crematory. Charlofantle Va	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director Illust trund House	Means of Injury Injured at work?
Address 2028 Orleans	1 NO Daint Ma
Address	23. SIGNATURE
19. 120/ces 19 Mearmone	M. D. or other
(Date rec'd by registrar)	Address Pain signed to 4

HOWARD THE STATE OF THE STATE O



PLEASE WRITE PLAINLY, WITH UNF is especially important. VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

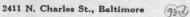
3-			,	,	7	
Reg.	Diat.	No.	 4	4	4	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog new porn infants give residence of mother)
County Co	State Ill County Dallinore
(Lifoutside city or town limits, write RURAL and give nearest town)	City or town English Consul.
Row long in above blace of death?	(If outside city or town limits, write RURAL and give nearest town)
nospiral, institution, or street address where death poculied:	Street No. 3 4 (If rural, give LOCATION)
Now long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Johanna linger	none
5. Color or range (a. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemse Afrile Widow	20. DATE OF DEATH Q4 30 19.45 21 11 9 M
6.(b) Name of husband or wife Herman a linger	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
april 23-/859 6.(c) If allve, give age years	Ja 19 42 10 Da 36 19 45
7. Bigfh dale of	and that I last saw h Ph alive on Jan 30 19 45
8. AGE: Years Months Days If less than one day	Immediate cause of death
85 9 7nin.	Cardine tailine 2 days
a Birthalaca Germany	& Billinclesi
9. Birthplace (Town, county, and state)	Due to.
10. Usual occupation souse wife	Bue to
11. Industry or business	900 IU.
	Other conditions Chine Bureluts
12. Name Walfelia Deldow 13. Birtholace Dermany	
	(Include pregnancy within 3 months of death)
14. Maiden name fullnout 15. Birthplace Germany	Major findings of operations.
10114	Date of op.
16. Informaci & man I finger	Autopsy results
Address & S / Do West English of	ZZ VIOLENCE: 11 death was due to external causes, fill to the following:
(Burial, cremation, or removal, Which?) Oate thereof, Therefore, (mpath) (day) (year)	Accident, suicide, or homicide
Xaridina Tarl. Parl.	
Cemetery or crematory	Where did lajury occur? (City or town) (County) (State)
Localine Dallinos Mil	Injured at home, 1arm, industry, public place (where?)
18. Fueeral director Trans The Serly	Means of Injury Injured at work?
Address 874 Th 3 6 Sh Balts City	Va.00 0. 1.1.
El - W Al ILI	23. SIGNATURE M. D. or other
19. 19. 5	The Office amounted to stand 131/8

every item of information carefully. The correct age ite the causes of death clearly and legibly.

N

MARYLAND STATE DEPARTMENT OF HEALTH



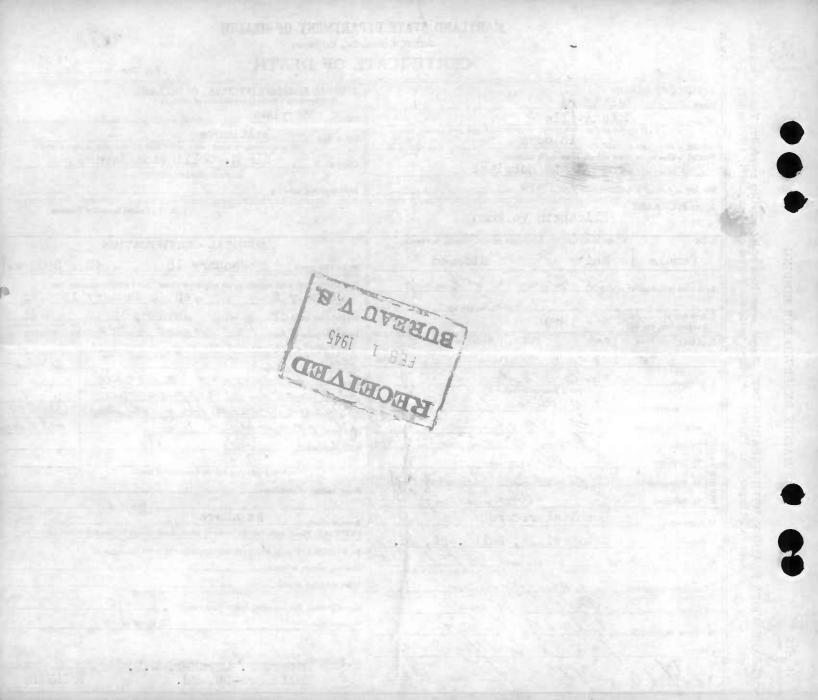
00272

			CERTIFICA	TE OF DEATH Reg. Diet. No.
City or town	Baltimore Catonsvill Litide city or town lim of death? 13 (o street address where do Grove Stat Institution? 13	e days eath occurred: e Hosp	RAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	Elizabe			3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single.	married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White		Widowed	20. DATE OF DEATH January 15 18 45 . at 5:00 at
8.(b) Name of husband of the coased (mo., day, yy 8. AGE: Years 9. Birthplace	H 1870 Months ? 3	Days Il Days Il Days Il Days Il Days Da	. /	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 19. 45 and that I last saw h. C. aliye on January 15 Immediate cause of death of the saw h. C. aliye on January 15 DURATION
≥ 15. Birthplace		920	mung 1	- Date of op.
18. Informant		*****************		Autopsy results
Address 17	or removal. Which?)		Balto28, Md. (month) (day) (year) Leena	22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide
19	48 5 strar) 19 45	8.4	oye V.	23. SIGNATURE ROBERT E. Gardner, M.D. M. D. or other Baltimore—28, Md. Date signed 1/15/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK is especially important. Physicians: ple

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore 107

00273

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Feg newborn infants give realdence of mother)
County	M 24. 0- 0
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
How long in above place of death?	City or town. (12 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. The Americal Rd.
	(If rural, give LOCATION)
How long in hoapital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Sarah E. Wade	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tenuale White midow	20. DATE OF DEATH January 27 th 19.45 of 13"5"
Can Asam Quiland	
6,(b) Name of husband or wife and all the first the state of the state	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth date of	
deceased (mo., day, yr.) June 23, 1856	and that I list saw h. E.Rallve on
8. AGE: Years (Months Days If leas than one day	Immediate cause of death DURATION
89 7 4hrsmin.	many human with
a a Pa mil	
9. Birthplace. (Town, eounty, and state)	Due to
10. Uzual occopation None	
30	Due to
	-
12. Name Shillig Danghtery 13. Birthplace Md.	Other conditions
14. Maiden name Mary and Warfield 15. Birthplace Md.	(Include pregnancy within 8 months of death)
Is. Birtholace Md.	Major findings of operations.
man man and to thought	Date of op.
0.1.018	Autopsy results
Address 26 Kinessede Kd, Essey	22. VIOLENCE: If death was due to external causea, fill in the tollowing;
(Burlal, eremation, or remova) Which?) (Burlal, eremation, or remova) Which?)	Accident, suicide, or homicide
V 1 - 1 / 1 : 0 0	
Cemetery or crematory	Where did injury occur?
Location annapolis Block al. Co.	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Menny Suc	Means of Injury lojured at work?
- 1 7 . 0 4 0 6/	11 122
Address 7/5 Oreght St.	- 23. SIGNATURE TOWARD A FLORING
10 Jan. 29 1,45 J. S. Comelly	M, D, or other
Bate ree'd by registrar) Registrar	Address Date signed 1/24

In Hummel 417/2 Gartiner pulse of characters of the EQUIADRES SED SEDICINE RECUIVED FEB 3 1945 ALM AT T.C.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, ---- hrs. or min. / 8. Trade, profession, or particular kind of work done, as SPINNER OCCUPATION RESERVED SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that instructions Other Contributory Causes of importance: MARGIN 12. BIRTHPLACE (city or town (State or country) See 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? MOTHER GENGAS 15. MAIDEN NAME important. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... DE pluods 18. AURIAL, GREMATION OR REMOVA Manner of injury mation Nature of injury. If so, specify 8 20. FILED ... Registrar.

Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, at 5.45 a.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased?_ (Address) 933 HANOYER ST., BALTO.,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
	(4/24/
and the same	23/90 1 200
	, , ,
	2/11
	C
	3

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

00275

Reg. Diat. No.

//	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tufants give residence of mother)
County City or town / Ose No.	State Med i County Daltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or gown units, write RURAL and give nearons town)
How long in above place of death 2	7879 (10:4000000 (1000)
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Louise Wegwor	3. (b) Social Security Number
5. Color or rate 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widow	20. DATE OF DEATH. Jan 31 194.5 at 11 P.
6.(6) Name of husband or wife Charles Wegsvorth	21. I CERTIFY that death occurred on the date above stated; than I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) Dec 22, 1870	and that I last saw h
8. AGE: Years Months Days If less than one day	Costonia flerendonas (6)
Got: 10	Toloria had a las
9. Birthplace Although And state)	Due to Style Style
10. Usual occupation. Nouse Wife	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 mouths of death)
14. Malden name	
15. Birthplace	Major findings of operations
16. Interment Mus. Agniel L. aumer	Autopsy results
Address 603 allendale At.	PHYSICIAN: Ffease underline the cause to which death should be charged statistically.
17 Burial Date thereof Feb 3, 194.	22. VfOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location Control	Injured at home, farm, Industry, public place (where?)
1B. Funeral director M. Mus. John W. Jenfel V. Som	Means of Injury Injured at work?
Address 801 M Fayetle Dr.	S SIGNATURE RU Gleen
19. (Date redd by rigistrar) Registrar	Address 758 Hallins Hen ned Date signed 211/48

VS A15

PLEASE

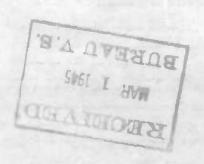
2411 N. Charles St., Baltimore (92-6) CERTIFICATE OF DEATH

Reg. Dist. No.

00276

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	75.3
City or lown. Catonsville (If outside city or town limits, write RURAL and give ne	State Md. County
How long in above place of death?	City or town USLOHSVILLE
Hospital, Institution, or street address where death occurred:	145 Winters Lone
145 Winters Lane	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
ODEN WILLIAMS	
4. Sex 5. Color or race 6.(a)Single, married, widowed, o	or divorced MEDICAL CERTIFICATION
Male Colored Widower	20. DATE OF DEATH January 31 St. 19 45 at 5.30
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	10/24 4/1/
7. Birth date of Doc 05 3057	and that I last saw h. 4444 alive on
deceased (mo., day, yr.) Dec. 25, 1857	Immediate cause of death DURATION
8. AGE: Yeara Months Days If less than one d	day
87hrs.	min. Milsal mauliciencio ?
Prince George Co., Md	
9. Birthplace Prince George Co. Md	
10. Usual occupation Laborer	Busto Hart Tursare ?
11. Industry or businesa	DUG 10-11-11-11-11-11-11-11-11-11-11-11-11-1
質 12. Name Samuel Williams	Other conditions
12. NameSamuel Williams	
	(Include pregnancy within 8 months of death)
H	Major findings of operations
	Date of op.
16. Informant Mrs. Ida Torsell	Autopsy results.
Address 79 Winters Lane	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Pulled 2-4-4	22. VIOLENCE: If death was due to external causea, fill in the following:
17 Burial (Burial, cremation, or removal. Which?) Baie thereof 2-4-4 (month) (conth)	
Cemetery or crematory Arbutus Mem. Park	Where did injury occur?
Location Baltimore Co., Md.	
	Managed at work 2
18. Funeral directors & Frances A. Hemsle	0 7 000 0
Address 578 W. Biddle St.	23 SIGNATURE COITI Maloner MD.
19. 7 3 19 45	M, D, or other
(Dat rec'd by registrar)	Addres Addres Date signed

VS A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

30

M. D. or other

00277

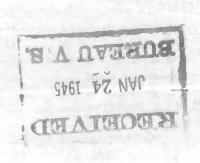
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Baltune	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County
How long in above place of death? Hospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How Jong In hospital or institution?	2.(a) If veteran, name war
Van EVRY M. William	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH January 6 1845 11 720 PM
6.(6) Name of husband or wife were Collection S. (c) If alive, give age 5. Y year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Bufore Bufore
2 / 2 × J hrsmln	Hallerlan Milore Mie 79.4
8. Birthplace (Town, county, and state) Moving District Days and state)	acute Exacerbation My orand
10. Usual occupation Pleture Processing	Due to Mil Juffic cace 6 hours
11. Industry or business Hippodrome Theatre	
12. Name Hazall Pl Williams	Diher conditions Exmunal oracco
Z 13. Birthplace Culpepper, Va.	(include pregnancy within 8 months of death)
14. Maiden name Inusa allur 15. Birthplace Balto., well	Major findings of operations
* 15. Birthplace Balto. Well	Bate of op.
16. Informani wary V. W. Cleans	Autopsy results
Address 618 The hood Dury	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetory. Bruid Ridge Cem.	Where did injury occur?
Location Pikesville, Md	Injured at home, farm, industry, public place (where?)
18. Funeral director WM . J. TICKNER & SONS	Meane of Injury Injured at work?
Address Balto., Md.	John a Kun Seel Mh)

Registrar

VS A15

19. (Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



VS A15

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

00278

Reg. Dist. No. 30

	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Balto.			***************************************	
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		RIIRAL and give represt town	State	
			City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	
			Street No. 2141 Homewood Ave.	
Н	lood Nursin	g Home		Street No. 2171 110mewood 12ve s
		0		2.(a) If veteran, name war
3. (a) FULL NAM				
o. (a) I om ma		ANNIE	WILLIAR	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Singl	le, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White		Widow	20. DATE DF DEATH Jan. 23, 19 45 at 7:00A.
R (b) Name of husban	d or wite. Edwa	rd R.	Williar	21. I CERTIFY that death occurred on the date above stated; that Tattended deceased from
				13c 2 1844 10 pec 23 18
7. Birth date of			c) If alive, give ageyears	and that I last saw h
deceased (mo., day,		1 12,	And the same of th	Immediate cause of deaths.
8. AGE: Year	rs Months	Days	If less than one day	Yere lorse Hewors Log 2 2 day
80	9	11	hrs min.	
9. Birthplace	Baltimor	e, Md.	state)	Due to Lese Caral Certans deloran 5 yrs
				/
10. Usual occupation	None	•••••••		Due to
11. Industry or busine	222			
II. Illuustiy or obsine				
241		S. McC	ullough	Other conditions
12. Name	William	S. McC	ullotigh	Other conditions
12. Name	William S. C.			Other conditions
12. Name	William S. C.		y	(Include pregnancy within 3 months of death)
12. Name	William S. C.			(Include pregnancy within 3 months of death) Major findings of operations
12. Name	William S. C. Catherin Unknown	e Berr	Y	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
12. Name	William S. C. Catherin Unknown LSS Mildred	e Berr	y, lough	(Include pregnancy within 3 months of death) Major findings of operations
12. Name	William S. C. Catherin Unknown LSS Mildred	e Berr	Y	(Include pregnancy within 3 months of death) Major findings of operations
12. Name	William S. C. Catherin Unknown LSS Mildred 1409 N.	e Berr	y lough gton Ave.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Mi Address 17. Buri (Burial, cremation	William S. C. Catherin Unknown Iss Mildred 1409 N.	McCul Collin	y lough gton Ave.	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Mi Address 17. Buri (Burial, cremation	William S. C. Catherin Unknown LSS Mildred 1409 N.	McCul Collin	y lough gton Ave.	(Include pregnancy within 3 months of death) Major findings of operations
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Mi Address 17. Buri (Burial, crematio	William S. C. Catherin Unknown Iss Mildred 1409 N. Lal Morremoval Which?	McCul Collin	lough gton Ave. eof 1/26/45 (month) (day) (year)	(Include pregnancy within 3 months of death) Major findings of operatious
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Mi Address 17. Buri (Burial, cremation Cemetery or cremate Location	William S. C. Catherin Unknown Iss Mildred 1409 N. Lal M. or removal Which? Hory Balto. Balto.	McCul Collin Date then	y lough gton Ave. 1/26/45 (month) (day) (year)	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should he charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (Ofty or town) (County) (State)
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Address 17. Buria (Burial, cremation Cemetery or cremation Location 18. Funeral director	William S. C. Catherin Unknown Iss Mildred 1409 N. Tal Morremoval Which? Balto. Balto. WM. J. T	McCul Collin Collin Cema	y lough gton Ave. 1/26/45 (month) (day) (year)	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (Oty or town) (County) (State) Injured at home, tarm, industry, public place (where?)
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Mi Address 17. Buri (Burial, cremation Cemetery or cremate Location	William S. C. Catherin Unknown Iss Mildred 1409 N. Lal M. or removal Which? Hory Balto. Balto.	McCul Collin Collin Cema	y lough gton Ave. 1/26/45 (month) (day) (year)	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external cadses, fill in the following; Accident, suicide, or homicide. Where did injury occur? (Sity or town) (County) (State) Injured at home, tarm, industry, public place (where?) Means of injury Injured at work?
12. Name 13. Birthplace 14. Maiden name 15. Birthplace 18. Informant Mi Address 17. Buri (Burist, cremation Cemetery or cremate Location	William S. C. Catherin Unknown Iss Mildred 1409 N. Tal Morremoval Which? Balto. Balto. WM. J. T	McCul Collin Date then Cema	y lough gton Ave. 1/26/45 (month) (day) (year)	(Include pregnancy within 3 months of death) Major findings of operatious. Date of op. Autopsy results. PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (Oty or town) (County) (State) Injured at home, tarm, industry, public place (where?)



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH: Ballemore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Calves VIII	State Muly County
City or town. (If outside city or town limits, write RURAL and give negrest town)	1 2 1/
How long in above place of death?	Oity or town (If outside city or town limits, write RURAL and give nearest town)
Sprung Task Wrapy	Street No. 743 Charton
How long in Maspital or Institution?	2.(a) If veteran, name war
3. (g) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	agr
a. Sex Color of face C. (d.) Single, married, widowes, or divorced	MEDICAL CERTIFICATION
med muy bedweet	20. DATE DF DEATH. 20 (0 1845 at 835 M
6.(6) Name of husband or wife Blauch Blanch Blanch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 21 19 14 10 Jan 6 1845
7. Birth date of deceased (mo., day, yr.) 5-2/-/86 ()	and that I last saw h
deceased (mo., day, yr.) U - 1 - 1 8 0 8. AGE: Years Months Days If less than one day	Immediate cause of death
CII n III	Corebrel Kenorhell 2 da
84 / /	
9. Birthplace	Due to Hey pelklausur / supre
10. Usual occupation Variusher	Catolio pasaula 3-21-44
11. Industry or business Descriptive	Due to
	-
12. Name Wilson 13. Birthplace	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Alkelle Much	Major findings of operations
15. Birthplace	- Date of op.
18, Intormant Folker	Antopsy results.
Address 743 4. Chester	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof \$10/45	22. VIOLENCE: If death was due to external causes, till in the tollowing;
(Burial, (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery Car Cawa	Where did injury occur?
Location Eastern Clor - Extended	Injured at home, farm, industry, public place (where?)
18. Funeral director William Cook Sac	Means of Injury Injured at Fork?
Address 1217 St. Paul of.	1 Ch. (1) loo no
11/10/10/11	23. SIGNATURE THUM I SWIFE MAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(Date rec'd by registrar)

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2411 N. Charles St., Baltimore /3



CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Gounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (By newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME MILTON R Wood	3. (b) Social Security Number
4. Sex 5. Color or race Wildow G. (a) Single, married, widowed, or divorced Wildow G. (b) Name of husband or wife. 5. (c) If alive, give age. 9. 1880 8. AGE: Years Months Days If less than one day Cul 4. 3 Birthplace. (Town, county, and state)	and that I last saw have allve on Jack 19. Immediate cause of death Pulmonary Fullerculous 7.1-1
10. Usuat occupation. Turemane Relince 11. Industry or business 12. Name. Undersource 13. Birthplace lie liete March Md	Due to
14. Maiden name. Unknown 15. Birthplace Luknown Personal History Hospital Record	(Include pregnancy within 3 months of death) Major findings of operations. Bate of op.
Address Fundowood Sanatorium Towson 4, Mo	
18. Funeral director Color Address 2359 waste pelvel. 19. 13	e. Signature // Bulls M. D. or other address. Towson / Maryland Date signed

Registered No

Duration

charged statis-

2. USUAL RESIDENCE OF DECEASED (If outside city or town limits, write RURAL and give town) (e) Citizen of foreign country?..... If yes, name country.....

MEDICAL CERTIFICATION 20. DATE OF DEATH Jamus 28 21. I certify that death occurred on the date above stated; that lattend-

PHYSICIAN (Include pregnancy within 3 months of death) Date of operation.... Underline the Major findings of operation: cause to which death should be

22, If death was due to external causes, fill in the following:

(d) Did injury occur about home, on farm, industrial place, in public

.... While at work?..... (Specify type of place)

Date signed!

Rec d. U.S.,

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

30

1. PLACE OF DI	EATH:	mone		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Baltimore Catonsville			•••••••••••••••••••••••••••••••••••••••			
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 months, 14 days		(URAL and give nearest town)	State Maryland County			
		14 days	City or town Baltimore (If outside city or town limits, write RURAL and give near	et town)		
hospital, institution, o	r street address whe	re death occurred	1:	Street No. 524 W. Mulberry Street		
Spring Grove State Hospital How long in hospital or Institution? 3 months, 14 days			ospital	(If roral, give LOCATION)		
			14 days	2.(a) If veteran, name war		
3. (a) FULL NAM	IE	100		3. (b) Social Security N	umber	
	Ella Wort	hington				
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	8 - 8	Widowed	20. DATE OF DEATH January 20 1945	6:15 a	
			R. Worthington	21. I CERTIFY that death occurred on the date above stated; that i attended decease October 6 19. 44 to January 2	20 19 45	
		y 3, 18	c) if alive, give ageyears	and that I last saw h.er. alive on January 20	19. 45	
deceased (mo., day,	7			Immediate cause of death	DURATION	
8. AGE: Year	The second	Days	If tess than one day	Terminal pneumonia	6 hrs.	
84	8	17	hrs min.		***************************************	
9. Birthplace	Bal	timore,	Maryland	Due to Hypertensive cardiovascular	***************************************	
	(Tow	n, connty, and s		disease	Indef.	
1D. Usual occupation.	Hou	sewlie		Due to		
11. Industry or busine	ss Hom	e				
当 12. Name	?	***************************************		Dither conditions		
12. Name	v ?	n°				
	7	*		(Include pregnancy within 8 months of death)		
14. Malden name 15. Birthplace	The state of the s	A		Major findings of operations		
15. Birthplace				Date of op	*******	
16. Informant	Hos	pital r	ecords	Autopsy results. As above		
Address		timore-	28, Maryland	PHYSICIAN: Please underline the cause to which death should be charged at	atistically.	
				22. VfOLENCE: If death was due to external causes, fill in the following;		
17. Bu (Burial, cremation	n, or removal, Which	Date there	eof 1-31-45 (month) (day) (year)	Accident, suicide, or homicide		
Complement	Spring	Grove S.	tate Hospital	Where did injury occur?(City or town) (Connty)		
Location Cato	nsville 2	s. Mary	land	Injured et home, farm, Industry, public place (where?)		
18. Funeral director	Spring G	rove St.	ate Hospital	Means of injury Injured at work?		
	onsville		- As	(N) \$567, C		
Vagiezz 2	,	4	The state of	23. SIGNATURE TODERT E. GARDNER, M.D. M.D. or	, 44 x 0	
19. /3/	egistrar)	5 11	Wader	Catonsville, Balto, -28.Md.	1/20/45	
(Date rec'd by re	egistrar)	200	Remotrar	dd signed	-//	

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The correct age egibly.

PLAINLY, WITH UNFADING INK. Supply every item of information careful specially important. Physicians: please write the causes of death clearly an

PERSON TO DESCRIPTION TO ATTACK OF THE PERSON



September 1

2411 N. Charles St., Baltimore 61)

CERTIFICATE OF DEATH

00283

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new porn injunts give residence of mother)
14 5 0 5 6 6	State Ind County Baltime
(If outside city or town limits, write RURAL and give nearest town)	City or town Slewantstone R. F. D. 41
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Desse Kukwod lin	eleur Wright 183-05-8332
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
timale white marray	2D. DATE OF DEATH See 3 1 1945 at 3.A. N
Jane de Wiell	21.7 CERTIFY that death occurred on the date above stated; that attended deceased from
B.(b) Name of husband or wife.	Jeller 30 1945 10 Jest 3/ 1940
7. Birth date of	and that I last saw har allyo on Jacc 30 1945
deceased (mo., day, yr.) /Los. 6 - 1896	Immediate capso of death DURATION
8. AGE: Years Months Days If less than one day	(xuannal lectores I day
48 2 15min.	ingle astloma
9. Birthplace Bastine Co. July	Que to Dahetes
(lown, coonty, and state)	
10. Usual occupation	Due to.
11. Industry or business	
12. Name Richard At Garden	Other conditions
13. Birthplace Balling Ca hul	
14. Maiden name Natherne Twiller	(include pregnancy within 8 mooths of death)
15. Birthptace Balling to hel	Major findings of operations.
2 15. Birthplace	Date of op
18. informant fare A. Wigh	Autopsy results.
Address Showartstare Pa Rox1	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
17 Buil Date thereof FEB. 2-1943	22. VIOLENCE: If death was due to external causes, fill in the following;
(Borial, cremation, or removat. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. West School	Where did injury occur?
Location Nethelo Hall. RJA	injured at home, farm, industry, public place (where?)
61. 11. h. h.	Means of Injury injured at work?)
18. Funeral director	A 120 7 11 0
Address letale Itall. hed	23. SIGNATURE MOUNT THEN MM
10 Jan 31 10 45 mrs Horner & Markelino	M. D. or other
(ate ree'd by registrar)	Address All Mars Slow Bate signed 3 7

PLEASE. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

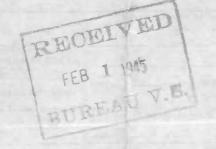
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93.2

111284

	Reg. Diat. No.	
1. PLACE OF DEATH: R	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Marisland County Baltismore	
(If outside city or town limits, write RURAL and give nearest town)	100+	
How long in above place of death? 3.3 After	(if outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. Illum Mul. & ald Field. Rd.	
Kow long in hospital or institution?	(1) 2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Alxanie Frederick	Muntaet Hone	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Single	20. DATE OF DEATH JAN. 2.2 19.45 at 12:45 P. M	
6.(b) Name of husband or wife Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6,(c) If alive, give age	Mat 8 19.43, 10 1-22 19.45	
7. Birth date of	and that I last saw h	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death	
49 11 8hrsmin.	MATOMPONIA CONOMINA	
	Due to Oordin-Voicelor Dis 2 4rs	
8. Birthpiace (Town, county, and state)	Due to.	
10. Usuai occupation Service Chiffpel	Due to PEmi- Paralytic 49 Yes	
11. Industry or business		
12. Name & Miller Charact Muntaget	Other conditions	
	(Include pregnancy within 8 months of death)	
14. Maiden name There of the Costate 15. Birthplace Pertur Hall That	Major findings of operations.	
2 15. Birthplace Perry Hall, Wid.	Date of op.	
16. Intermant Mark MARKES JM. Warstylt	Autopsy results	
Address Melvin Due & Old Fixed Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17 Burial Date thereof Jan. 25.1945	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal. Which?) (month) (day) (fear)	Accident, suicide, or homicide	
Cemetery or crematory (LINE) Kall All All All All All All All All All	Where did injury occur?	
Location Bollstand Long and Management	Injured at home, farm, industry, public place (where?)	
18. Funeral director Eastons Sons	Means of Injury injured at work?	
Address 608 Frederick ave Catoris in	e Alton	
1/24 let Attalian	23. SIGNATURE	
19. (Date Fee'd by registrar)	patroc 80 2 87 80 USC Date signed 1-12-45	
The state of the s	Calougalli 28 W	



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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age







2411 N. Charles St., Baltimore 131-21

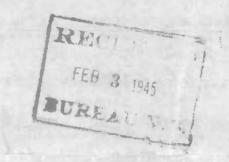
111285 Reg. Diat. No. 43

CERTIFICATE OF DEATH

	1408.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Dallo	(For newborn infants give residence of mother)
City or town Tarturely	State Marylans County Waltmore
(If outside city or town limits, write RURAL and give nearest town)	City or town Oaskerlle
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 3018 Edgewood are.
	If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war 170 ml
3. (a) FULL NAME	3. (b) Social Security Number
Maria Cara La	3. (0) Social Security Number
marie uma Joing	
4. Sex 5. Color of race 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION —//
fimale white minus	- tau - 27 U.S. 230
10 100.	20. DATE OF DEATH 19.40 at M
6.(b) Name of husband or wife Johns Williams young	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that tract saw halter on
deceased (mo., day, yr.) May 30, 1902	Immediate cause of death
8. AGE: Years Mood's / Days If less than one day	
42 7 27hrsmin.	Loss dec-linel-Vascular
B. H a. march and	X-20 all
9. Birthplace	Due to
10. Usual occupation at Home	Oue to
11. Industry or business	
12 Name ambrose Domison	Other conditions
\$ 13. Birthplace Somesset Co. Maryland	
	(luclude pregnancy within 3 months of death)
E 14. Malden name UMATON	Major findings of operations.
14. Maiden name. Unityrow 15. Birthplace Valence	Date of op.
An M Norma	
1B. Informant	Autopsy results
Address 3018 Edgewood and, Jasteville	
17 Burial Bate thereof m. 30th 1945	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof (Mgnth) (day) (year)	Accident, suicide, or homicide Date of
Cemetery or crematory Carhwal Cometery	Where did injury occur?
Commercy of Crematory Commerce of the Commerce	
Location Sallymore, Inc	Injured at home, farm, Industry, public place (where?)
18. Funeral directo Consolm Finnegal Nome	Means of Injury (njured at work?
MARCHAE POLO ROLL	maran, 11 n. C.
Address 7 401 Welcour Vibace	22 STONESTIPE . O. MINE Dugley M CX
1/19 45 my 41 Fit	23. SIGNATURE M. D. 9-other
(Date rec'd by registrar)	Address Date signed Jerry 27
	1948

Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.

2411 N. Charles St		arles St., Baltimore 934	P	
		CERTIFICA	TE OF DEATH	Reg. Diat. No. 2
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Maryland County Baltimore City or town Brighton (If outside city or town limits, write RURAL and give nearest town) Street No. 6506 Fairmount Ave., (If rural, give LOCATION)	
			2.(a) It veteran, name war	
3. (a) FULL NAME	Charl	es O. Zile	3.	(b) Social Security Number
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERT	1 5
	.) Noven	abeth E. Zile ye age ye aber 13, 1870 Days It less than one day 24 hrs. m	Immediate cause of death	
11. Industry or business	Retired I Balto. S	Co., Md. Conty, and state) Linesman Fransit Co.	Due to Due to Seleso Bither conditions Justerable	diti unh
1		Huff	(Include pregnancy within 8 months Major findings of operations.	
18. Informant Mrs	Elizabe	eth E. Zile	Autopsy results	
	or removel. Which?) Ty	Date thereof Jan 9,1945 (month) (day) (year)	Accident, suicide, or homicide	(County) (State)
18. Funeral director	9. Howa 3207 W.	North Avef,	Means of Injury 23. SIGNATURE	uloy M.D. or other